

Application for Exhibit Space



**21st Annual Regional Allied Health Conference:
Current Perspectives in Asthma, Allergy & Pulmonary Practice
Friday, September 9, 2016 • Denver, CO**

Company Name: _____
Address: _____
City/State/ Zip: _____
Telephone: _____ Fax: _____ Email: _____

Contact Person for all conference info: _____
On-site contact person: 1. _____
2. _____

Exhibit Hours:

Thursday, September 8

2:00– 4:00 pm Exhibit Set up

Friday, September 9

6:30 – 7:15 am Exhibit Set up

7:15 – 7:55 am Registration and Continental Breakfast

9:35 – 10:05 am Break

12:20 – 1:00 pm Lunch

2:50 – 3:05 pm Break

Exhibit (\$500) You are authorized to reserve exhibit space for my company's use at the 2016 Regional Allied Health Conference. Exhibit fee includes a 6' table with skirt and cover, 2 chairs and a sign.

I will need electricity? Yes No

All of the following packages include a 6' exhibit table with a tablecloth and skirt, 2 chairs and a sign.

Conference Sponsorship Opportunity

Please contact Mandy directly if you are interested in sponsorship opportunities, comeaum@njhealth.org.

We will be unable to attend the 2016 Regional Allied Health Conference; however, we would like to support the educational program. Enclosed please find a check for \$_____.

Authorized Signature: _____ **Date** _____

PLEASE RETURN THIS FORM TO:

National Jewish Health
Attn: Mandy Comeau
Office of Professional Education
1400 Jackson Street / **S752c**, Denver, CO 80206
Phone: (303) 728-6585 Fax: (303) 728-6521 Email: ComeauM@njhealth.org

List an exhibitor you wish to be near: _____

List any exhibitor you **do not** wish to be near: _____

Payment enclosed. Please make checks payable to:

NATIONAL JEWISH HEALTH -- Our TAX ID # is 74-2044647

Invoice me directly.

Full payment should be received no later than **August 26, 2016**. Notification of cancellation of space must be in writing and received prior to **August 26, 2016**. Cancellations will be subject to a \$50.00 service charge. After **August 26, 2016**, but prior to **September 4, 2016**, 50% of the total contracted booth fee will be retained. If cancellation is received after **September 4, 2016**, 100% of the total contracted booth fee will be retained.

EXHIBITOR POLICY AGREEMENT

- The primary purpose of the activity is education of allied health professionals.
- The activity is free of commercial bias for or against any product.
- Content and materials give a balanced view of therapeutic options.
- National Jewish as the sponsor designs, plans and oversees the educational content.
- Conference participants will be made aware of any significant financial relationship between grantors and speakers.

The exhibits will be located in the atrium of the Molly Blank Building at the National Jewish Health campus at 1400 Jackson St., Denver, CO 80206.

If you need to mail items to the conference center, please use the address below:

**National Jewish Health
Molly Blank Conference Center
Attn: Mandy Comeau/Allied Health Conference
1400 Jackson Street
Denver, CO 80206**