



**Southern Health Association (SHA)
Tennessee Public Health Association (TPHA)**

EXHIBIT SPACE CONTRACT

Exhibit Dates: September 15-16, 2010

Location of Meeting: Marriott Cool Springs Convention Center, Franklin, TN

EXHIBIT SPACE

- A. \$400.00 per space for commercial companies
- B. \$250.00 per space for governmental agencies
- C. \$150.00 per space for other

Number of Exhibit spaces needed _____ Total cost of Exhibit Space \$ _____

GENERAL INFORMATION

1. Standard space includes: One 6-foot table with linen and chair(s)
2. Do you need an electrical outlet? Yes _____ No _____
3. Please specify any company or type of company you would like to be near or away from.
Near to _____ Away from _____

Name and Address of representative who will operate exhibit. *(Please Print)*
(First name would be the person with whom we would communicate unless specified otherwise.)

Name _____ Others who will need name tag: _____
Address _____
Phone _____
E-mail _____

SPECIAL EVENTS

_____ We would like to make a contribution to help sponsor the coffee break in the Exhibit Hall \$ _____
_____ We would like to make a contribution to help sponsor a portion of the Program \$ _____
_____ We would like to donate a door prize or silent auction item \$ _____

EXHIBITOR/CONTACT

Company name _____ Company Official _____
Address _____ Title _____
Phone _____ Fax _____
E-mail _____
Authorized Signature _____ Date _____ Amount Due _____

Check: Enclosed _____ or Being sent under separate cover _____

Make check payable to: Tennessee Public Health Association *(Full refund if cancellation received 30 days prior to annual meeting; one-half refund if received 2 weeks prior to annual meeting.)*

FOR USE BY EXHIBIT COMMITTEE

Contract Received _____ Check Received _____ Exhibit Space Number(s) _____