



27th Annual West Virginia Rural Health Conference

EXHIBITOR AND SPONSOR INFORMATION Sponsor Opportunities

Blue Ribbon Sponsor \$5,000

- Full page ad
- Signage at event
- 1 vendor table
- 5 conference registrations

Red Ribbon Sponsor \$3,000

- ½ page ad and signage at event
- 1 vendor table
- 4 conference registrations

Green Ribbon Sponsor \$1,500

- ¼ page ad and signage at event
- 1 vendor table
- 3 conference registrations

Ad Only Sponsors

- ¼ page ad \$400
- ½ page ad \$800
- Full page ad \$1,200

Exhibitor Package and Information

Exhibitor Package is \$600 and includes:

- 6-foot draped table/space with one chair
- One exhibitor registration with full conference access
- A one-eighth page listing in the conference program

Confirmations and Ad Copy

The billing contact representative listed on the registration form will receive an electronic confirmation when your registration has been processed. For ad copy, please provide “camera ready” graphics in 300 dpi JPG, TIFF or PDF file with ad as actual size before September 10, 2019.

Exhibit Hours and Setup

Rural Health Conference Exhibitors may pick up their Exhibitor packages at the conference registration desk. Exhibitor setup starts on Tuesday, October 8th at 10:00 a.m. Exhibits opens to conference attendees at 11:00 a.m. and is open during all conference hours. Exhibit break down is scheduled for Friday, October 11th at 1:00 pm. If your organization requires shipping information for the property, please contact Double Tree Hotel, Huntington, WV at 304-525-1001.

Payment & Cancellation

Sponsor and exhibitor applications must be completed and submitted along with payment for processing prior to conference. Payment may be made by check or credit/debit card. See application form for more details. Cancellation of exhibitor space must be received by WVRHA prior to September 15, 2019 to receive a full refund. Refunds will NOT be made for cancellations received after September 15, 2019.



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Exhibitor Package \$600

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- A one-eighth page listing in the conference program. For ad copy please provide "camera ready" graphics in 300 dpi JPG, TIFF or PDF file ad as actual size.

Company/Contact Information: (Please type or clearly print information as it should appear on all printed materials.)

Company _____ Billing Contact _____

Exhibit Representative (1) _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Email Address _____

Please be advised you are responsible for bringing ALL supplies for setup.

If your exhibit requires **electricity** please check here

Wireless internet is available throughout the building free of charge. The facility requests that no materials be affixed to walls. Huntington Double Tree Hotel offers additional equipment rentals, if needed. Fees associated with such rentals are the responsibility of the exhibitor.

Method of Payment:

- Check # _____ Enclosed Amount \$ _____
- Money Order payable to: West Virginia Rural Health Association
- Send Invoice
- Credit Card # _____ Expiration Date: _____

I understand that by signing below I am guaranteeing payment and reserving exhibit space at the 2019 West Virginia Rural Health Conference being held October 8-11, 2019 at the Double Tree Hotel, Huntington, West Virginia. I understand that any cancellations received after September 15, 2019 will NOT be refunded.

Authorized Representative

Date

You will receive a confirmation email to the address provided upon receipt and processing of your registration form.

Return Completed Form with Payment by September 15, 2019 (via mail or email to)

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