

35th Annual Arizona Rural Health Conference

August 4-5, 2008
Flagstaff, Arizona

EXHIBIT FORM

CONTACT NAME: _____

This person will receive all correspondence related to the exhibit.

INDIVIDUAL STAFFING EXHIBIT: _____

JOB TITLE: _____

ORGANIZATION: _____

List exactly how you want your organization listed in the program.

ADDRESS: _____

CITY, STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

Yes, my organization would like to exhibit at the 35th Annual Arizona Rural Health Conference. This exhibit entitles one representative from your organization to attend all sessions and meal functions. Pre-conference workshops are not included.

Non-Profit Organization \$250

For Profit Organization \$375

Please choose an option:

- Please reserve a 6-foot table for our exhibit.
- Please reserve floor space, our display is not a table-top.

Special Exhibit Requirements:

____ Electrical outlet
____ Specify Other Needs: _____

Set-Up Time:

Monday, August 4, 2008
8:00 AM - 1:00 PM

The first exhibit viewing is at 1:45 PM.

Removal Time:

Tuesday, August 5, 2008
1:00 PM

ADDITIONAL OPPORTUNITIES:

- 1. For an additional \$25.00 our organization would like to include a 1/4 page (approximately 3 x 4) advertisement in the final conference program. Please send paragraph or high resolution electronic file (tif, jpg, png, native psd or ai files) to Rebecca Ruiz by email at raruiz@email.arizona.edu by July 7, 2008.
- 2. We will donate the following raffle prize for the drawing:

CANCELLATIONS must be received in writing by July 7 to receive a full refund, less a \$50 administrative fee. After July 7 there will be no refunds.

PROTECTION OF FACILITIES: Nothing shall be posted on, tacked, nailed, screwed, or otherwise attached to the columns, walls, floors or other parts of the conference center.

You should use discretion about leaving laptops, LCD projectors and other expensive equipment in the exhibit area.

The Rural Health Office UA Zuckerman College of Public Health cannot be responsible for lost or stolen items.

FOR RURAL HEALTH OFFICE USE ONLY

Amount Received: _____

Date: _____

Organization: _____

Make check payable to: **The University of Arizona**

We must receive payment (check, Purchase Order or IDB form) **by July 1** to hold your exhibit space.

Send payment and completed form by **July 1, 2008** to:

Rebecca Ruiz

Rural Health Office, UA MEZCOPH

P.O. Box 245209, Tucson, AZ 85724

Fax: 520/626-8716 Phone: 520/626-2243