



**New England Rural Health RoundTable  
13<sup>th</sup> Annual Symposium  
October 28th-29th, 2010  
Inn at Mills Falls, Church Landing, Meredith, New Hampshire**

***Program Advertiser/Booth Exhibitor/Sponsor Reservation Form  
Deadline: September 24, 2010***

**Program Advertiser:**

- Full Page (7.5" L X 9.5" H)      **\$500**
- Half Page (7.5" L X 4.0" H)      **\$300**
- Quarter Page (3" L X 4" H)      **\$175**
- Eighth Page (3.5" L X 2.0" H)      **\$100**
- Business Card (3.0" L X 1.5" H)      **\$75**

- An electronic copy of the ad in .jpeg form is enclosed**

**Booth Exhibitor:**

**Exhibit booths are located adjacent to the Conference meeting room space**

- 8 foot skirted exhibit booth with full conference registration for ONE person: **\$600**

**General Sponsorship Levels:**

**Platinum Level Sponsor:                      \$1,500 - \$5,000**

- Banner display, verbal recognition during the Conference; print recognition in all marketing materials including the invitation, front cover of the program and on the RoundTable website; an exhibitor's booth and TWO complimentary *full* Conference registrations.

**Gold Level Sponsor:                              \$750 - \$1499**

- Print recognition in conference materials; exhibitor's booth; verbal recognition during the Conference; ONE complimentary *full* Conference registration.

**Silver Level Sponsor:                            up to \$750**

- Verbal recognition during the Conference; print recognition in the program.

**Required Reservation Information:**

To become a sponsor/exhibitor/advertiser, simply check (✓) the boxes above indicating how you wish to sponsor/exhibit/advertise and then complete the information below with the names of those who will be attending Symposium:

Organization: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contact Name for Sponsorship: \_\_\_\_\_  
**Attending Participant #1**  
Name/Title (if applicable): \_\_\_\_\_  
Mailing Address/email: \_\_\_\_\_  
**Attending Participant #2**  
Name/Title (if applicable): \_\_\_\_\_  
Mailing Address/email: \_\_\_\_\_

Questions regarding sponsorship/exhibiting should be directed to Marion Pawlek at 603-643-2800, or [mjpawlek@joimail.com](mailto:mjpawlek@joimail.com) .

Checks should be made payable to: **New England Rural Health RoundTable** and mailed to:  
Attn: Marion Pawlek  
New England Rural Health RoundTable  
10 Benning St., Box 184  
W. Lebanon, NH 03784