



**New England Rural Health RoundTable
12th Annual Symposium
October 29-30, 2009
Marriott at Sable Oaks, Portland, ME**

***Program Advertiser/Booth Exhibitor/Sponsor Reservation Form
Deadline: September 15, 2009***

Program Advertiser:

- | | | |
|--------------------------|---------------------------------|--------------|
| <input type="checkbox"/> | Full Page (7.5" L X 9.5" H) | \$500 |
| <input type="checkbox"/> | Half Page (7.5" L X 4.0" H) | \$300 |
| <input type="checkbox"/> | Quarter Page (3" L X 4" H) | \$175 |
| <input type="checkbox"/> | Eighth Page (3.5" L X 2.0" H) | \$100 |
| <input type="checkbox"/> | 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 - \$1,499

- 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.

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