



# 2012 Application for Sponsorship and/or Exhibit Space



We hereby apply for exhibit space for our use at the 2012 Break Free Alliance Conference and Exhibition scheduled for April 17-18, 2012 at the Sheraton New Orleans Hotel. We understand this application becomes a contract when signed by us and accepted by the Health Education Council. We also understand the method of allocating and assigning space is described in the Exhibitor Rules which have been read, signed and accompany this application. All applications must be on this form. Space is limited and first paid is first served. Signature and Fee are required to guarantee space.

**PLEASE TYPE OR PRINT CLEARLY.** Name badges and lists will be made from your entries.

Responsible Exhibitor/Sponsor Contact for ordering and payment: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail address: \_\_\_\_\_

*One Exhibitor booth representative receives a full conference registration. Please enter the name of the exhibitor booth representative below.*

1. NAME: \_\_\_\_\_ TITLE \_\_\_\_\_  
Email: \_\_\_\_\_

**\*Up to two (2) additional exhibitor representatives can be added at \$150/rep for sponsors who have exhibit space included in their sponsorship package. This covers the cost of meals but does not include conference registration.**

*\$25,000 Sponsorship includes three (3) complimentary representative registrations.*

*\$10,000 Sponsorship includes two (2) complimentary representative registrations*

*\*Available to all sponsors EXCEPT Conference Tote Sponsors and Conference Program Sponsors*

2. NAME: \_\_\_\_\_ TITLE \_\_\_\_\_  
Email: \_\_\_\_\_

3. NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
Email: \_\_\_\_\_

### EXHIBIT & SPONSORSHIP PACKAGES

**See Exhibitor Rules for complete details and requirements**

### EVENT SPONSOR OPTIONS

- \_\_\_ \$25,000 – Event Sponsor 10x20 space
- \_\_\_ \$5,000 – Luncheon or Breakfast Sponsor 10x10 space
- \_\_\_ \$2,500 – Beverage Break Sponsor 10x10 space
- \_\_\_ \$1,000 – Conference Program Sponsor
- \_\_\_ \$10,000 – Keynote Sponsor 10x10 space
- \_\_\_ \$5,000 – Conference Track Sponsor 10x10 space
- \_\_\_ \$2,000 – Conference Tote Sponsor
- \_\_\_ \$ 500 – Exhibit Space only 8x10 space

*Signature and Payment are required to guarantee space.*

TOTAL ENCLOSED \$ \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ VISA, MasterCard, American Express or Discover:

# \_\_\_\_\_

ExpDate: \_\_\_\_\_ Name on Card: \_\_\_\_\_ Last 3-digits in signature space on back of card: \_\_\_\_\_

Please make checks payable to **HEC** and return with completed application to  
HEC Registration at 3950 Industrial Blvd, Suite 600, West Sacramento, CA 95691 or Fax to 916/446-0427

**For information contact Katherine Winans, CMP at 775/267-0539 EMAIL: [kwinans@healtheducouncil.org](mailto:kwinans@healtheducouncil.org)**

**Information at HEC website: [www.healtheducouncil.org/promisingpractices\\_2012.html](http://www.healtheducouncil.org/promisingpractices_2012.html)**

**HEC Tax ID# 68-0249296**

### OFFICE USE ONLY

Date payment rec'd \_\_\_\_\_ Check # \_\_\_\_\_ Amount: \_\_\_\_\_ Batch# \_\_\_\_\_