

## 2020 OHIO RURAL HEALTH CONFERENCE CALL FOR EXHIBITORS FORM

Completing this form allows you to be included for consideration as an exhibitor for the 2020 Rural Health Conference and Flex Annual Meeting on August 13 & 14, 2020. Tables are limited and will be assigned on a first come basis. ***Please submit this form by April 17, 2020.***

### GENERAL INFORMATION

Designated space will be set aside for all participating exhibitors. Each exhibitor will share a table with another organization. If you wish to share a table with a specific organization, please include that organization on the form. Otherwise, we will partner organizations at the tables. The information provided on this form will be used for your table identification, so it is important that the information is accurate.

The exhibit area will be open both days of the conference. You must indicate which days you plan to be in attendance.

Due to limited space we are capping the number of exhibitors. Exhibitors for both days will be given preference.

Fee Schedule:

For-Profit Exhibitor Rate: \$400

Non-Profit/Government Exhibitor Rate: \$200

\*Once registered as an exhibitor, you will receive an invoice from the Ohio Rural Health Association.

*If you plan on attending any sessions, you must register using the conference registration link. You will be notified when registration opens. This form is only used to collect exhibitor information.*

### PRIMARY CONTACT INFORMATION

Contact Name:

Title/Organization:

Phone:

Email:

Fax:

Street Address:

City:

State:

ZIP Code:

Days in attendance:

**AUGUST 13:**

**AUGUST 14:**

Describe the services your organization offers:

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**SPONSOR OPPORTUNITY**

We are seeking sponsors for 2 lunches and 2 breakfasts each. Sponsors will be promoted in all conference materials and will include a designated exhibitor table.

Sponsor opportunities:

Breakfast: \$1,000

Lunch: \$2,500

\*Once registered as a sponsor, you will receive an invoice from the Ohio Rural Health Association.

**IF YOU ARE INTERESTED IN SPONSORING PLEASE CHECK THE APPROPRIATE BOX:**

BREAKFAST:

LUNCH:

**TABLE SHARING INFORMATION**

If you would like to share a table with a preferred organization, please provide the organization information.

Contact Name:

Title/Organization:

Thank you for completing the exhibitor information form. *Please submit this form via email to the Ohio State Office of Rural Health at [PCRH@ODH.OHIO.GOV](mailto:PCRH@ODH.OHIO.GOV) no later than **April 17, 2020.***



**Ohio Rural  
Health  
Association**



**OHIO**  
UNIVERSITY  
COLLEGE OF HEALTH SCIENCES AND PROFESSIONS  
APPALACHIAN RURAL HEALTH INSTITUTE

**Ohio**

**Department  
of Health**