

# 2010 Exhibit, Sponsorship, Advertisement Application & Agreement



**15<sup>th</sup> National HHT Patient and Family Conference**  
**Conference dates: October 22-24, 2010**  
**Exhibitor dates: October 22-24, 2010**

## Instructions

Complete all sections of this application. Sign and return the application with check made payable to HHT Foundation, P.O. Box 329, Monkton, Maryland 21111. **All applications must include full payment to be considered for exhibitor assignment and sponsorship.**

## Company Information

Company Name		
Contact Name	Title	
Company Address		
City	State	ZIP
Phone Number	Fax Number	
E-mail Address	Web Site	

## Exhibitor Information

Commercial Rate at \$1,200  
 Non-Profit Rate at \$900  
**Total = \$**

Products and/or Services to be exhibited:

## Sponsorship Information

Indicate the sponsorship requested and the cost as indicated in the prospectus

Platinum	\$ _____
Gold	\$ _____
Silver	\$ _____
Welcome Reception	\$ _____
Conference Registration Bags	\$ _____
Global Research & Medical Board Dinner	\$ _____
Gala Dinner	\$ _____
Lunch (Saturday)	\$ _____
Refreshment Breaks	\$ _____
Scholarship Funds	\$ _____
Conference Program	\$ _____
Epistaxis (Nosebleed) Severity Scoring Station	\$ _____
Children's Program	\$ _____
Children's T-shirt Sponsor	\$ _____
Literature distribution	\$ _____
<b>Total</b>	<b>\$ _____</b>

## Signature Agreement

In accordance with the provisions of the enclosed 2010 Policy Governing Interaction between Private Enterprise and HHT Sponsored Conferences, Newsletter, and Website, the undersigned hereby makes an application for conference participation which, when accepted by the HHT Foundation and accompanied by payment, becomes a binding contract. The undersigned also acknowledges that they have read and will abide by the enclosed policy

Acknowledged by: \_\_\_\_\_

For (Company Name): \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Date Received: \_\_\_\_\_ Table Assigned: \_\_\_\_\_ Initials: \_\_\_\_\_

## Advertising Conference Program

Full Page (Back Cover)	\$ _____
Full Page	\$ _____
Half Page	\$ _____
Quarter Page	\$ _____
One Eighth Page	\$ _____
<b>Total</b>	<b>\$ _____</b>

**Note:** Advertisers must provide their ad for HHT Foundation approval.

## Payment Information

Total Due For Exhibit Space	_____
Total Due For Sponsorship	_____
Total for Advertisement	_____
(Full payment required)	
<b>Total Due</b>	<b>_____</b>

- Our check is enclosed (made payable to HHT Foundation)
- Please charge this amount to this credit card \$ \_\_\_\_\_
- AMEX  Visa  MasterCard

Card Number	_____
Expiration Date	_____
Name on Card	_____
Signature	Date

Send this form, advertisement if applicable, and payment to:  
 HHT Foundation  
 P.O. Box 329  
 Monkton, MD 21111

Direct questions to:  
 Mary Leigh Krock  
 (800) 448-6389  
 Maryleigh.krock@hht.org

**Note:** Please include a description of 50 words or less about your organization for inclusion on the Conference Program.