

# Tennessee Public Health Association

P. O. Box 301  
Hendersonville, TN 37077

## EXHIBIT SPACE CONTRACT 2018

Date of Meeting: Sept. 12-14, 2018

Exhibit Dates: Sept 12-13, 2018

Location of Meeting: Cool Springs Marriott

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### EXHIBIT SPACE

- A. \$ 500 per space for commercial companies  
B. \$ 300 per space for non-commercial agencies

There are many agency membership options that include exhibit space. Check them out at [www.tnpublichealth.org](http://www.tnpublichealth.org).  
Number of exhibit spaces needed \_\_\_\_\_ Total Cost of Exhibit Space: \$ \_\_\_\_\_

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### GENERAL INFORMATION

1. Standard space includes: One 6-foot table with linen and chair(s) (Size of exhibit must be contained within this space; additional space may be purchased.)

2. Do you need an electrical outlet? Yes \_\_\_\_\_ No \_\_\_\_\_ (Please check one)

Name and address of representative(s) who will operate exhibit: **(PLEASE PRINT)**

Name: \* \_\_\_\_\_ Additional persons who need name tags:  
Address: \_\_\_\_\_ 2. \_\_\_\_\_  
\_\_\_\_\_ 3. \_\_\_\_\_  
\_\_\_\_\_ 4. \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

*\*(Information i.e., set-up time, shipping, hotel, etc. will be sent to this individual.)*

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### SPECIAL EVENTS

\_\_\_\_\_ We would like to make a contribution to help sponsor a portion of the TPHA Program..... \$ \_\_\_\_\_

\_\_\_\_\_ We would like to make a contribution to help sponsor a social event..... \$ \_\_\_\_\_

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### COMPANY CONTACT INFORMATION

_____	_____
Company Name	Company Official
_____	_____
Address	Title
_____	_____
City/State/Zip	Phone Fax

Date: \_\_\_\_\_ Authorized Person Email address \_\_\_\_\_

Check: Enclosed \_\_\_\_\_ or Sending under separate cover \_\_\_\_\_ (Please check one)

Make check payable to: **Tennessee Public Health Association** (Full refund if cancellation received 30 days prior to annual meeting; one-half refund if received 2 weeks prior to annual meeting.)

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PLEASE SEND A COPY OF THIS FORM TO  
Rachel.lemons@tn.gov