

FOR OFFICE USE ONLY

Date R'vd _____
Check # _____
Amt _____
Space Assigned _____
Confirm Mailed



EXHIBIT BOOTH APPLICATION/CONTRACT

2007 Healthy Communities • Healthy Youth 11th Annual Conference
November 8-10, 2007 • Rochester, NY • Hyatt Hotel and Convention Center

**Register
and Pay EARLY
for Reduced
Rates!**

1. Contact Information:

Organization _____
On-Site Contact(s) _____
Street Address _____
City _____ State/Province _____ Zip Code _____ Country _____
Phone (_____) _____ Extension _____ Fax (_____) _____
Email _____ Web site _____

2. Size and Cost of Exhibit Space (8' d x 10' w): *Includes 2 Conference Registrations (meals not included), 1-6' draped table, 2 side chairs, and standard signage.*

Before 8/1/07: \$495 per booth After 8/1/07: \$595 per booth **OPTION:** Take-One Table: \$150 (Limit 200 pieces of up to 2 items)

Number of Booths Required: 1 2 3 Other: _____

Total Payment \$ _____ Type of Payment: Check PO # _____ Visa Mastercard

Card Number _____ Expiration Date _____

Name on Card _____ Signature _____

Complete billing address for credit card or PO _____

* Cancellations after 9/1/07 forfeit payment; cancellations before 9/1/07 forfeit 50% of payment.

3. Organization Description: (Limit to 20 words or less. Necessary to be included in the official listing of exhibitors.)

4. List Products and Services to be Exhibited: _____

5. Lettering for two-line standard sign should read:

Company Name _____

6. Sample Catalog/Brochure Included: New exhibitors to the HC•HY Conference are required to submit a catalog or flyer describing their product, service, or company. (EXHIBIT POLICY: Search Institute reserves the right to refuse any exhibitors whose goods and services, in our opinion, are inappropriate and do not reflect the promotion of positive youth development. The Conference Manager will make the final decision on acceptance.)

7. Conference Registration: (Optional, meals not included) Name 1 _____ Name 2 _____

8. Signed: The exhibitor agrees to abide by all exhibit terms, conditions, and regulations set forth within this contract.

Signature _____ Title _____ Date _____

**RETURN COMPLETED APPLICATION, PAYMENT, AND SAMPLE CATALOG/BROCHURE TO:
Shirley Henning, BEST MEETINGS, 2626 East 82nd Street, Suite 270, Bloomington, Minnesota 55425
ADDITIONAL QUESTIONS: Call toll-free at 800-958-8875, or fax 952-858-8950.**

Please make checks payable to Search Institute.