



2018 Fall Conference Exhibitor / Sponsor Form

NHOTA is proud to have you join us for our 2018 Fall Conference. We are holding this year's fantastic event at the Massachusetts College of Pharmacy and Health Sciences in Manchester, NH. OT professionals from across the full spectrum of disciplines are expected. Please contact Rick with any questions at nhota@lexian.com.

Saturday, October 20, 2018
MA College of Pharmacy and Health Sciences
Manchester, NH
7:30 am-5:00 pm

Vendor Opportunities

	Gold Sponsor \$500 <i>for-profit org</i> \$400 <i>non-profit org</i>	Silver Sponsor \$300 <i>for-profit org</i> \$200 <i>non-profit org</i>	Bronze Sponsor \$150 <i>for-profit org</i> \$100 <i>non-profit org</i>
Full exhibit table assigned in vendor area	√		
Announcement of sponsorship level, banner display at event	√	√	
Acknowledgement on online registration form	√	√	
Banner ad on NHOTA web site (w/ link to your company web site); begins upon receipt of contract	Until 12/1/18		
50% discount on one conference registration	√		
One mid-day meal at conference	√		
Half table assigned in unstaffed vendor area		√	
Product information in attendee packet (<i>must fit in 8 1/2 x 11" attendee packet</i>)	√	√	√
Electricity to vendor table: Add \$75	√	√	√

Vendor / Sponsor Registration

Company _____ Billing Contact _____

Address _____ Phone _____

_____ Email _____

Attending Rep 1 Name _____ Email _____

Attending Rep 2 Name _____ Email _____

Payment (Email is not secure. Please do not send credit card information via email.)

<p>Form can be faxed with credit card information or mailed with check payable to NHOTA. See fax number & address below.</p> <p>Sponsorship Level _____ = \$ _____</p> <p># of additional meals _____ @ \$30.00 = \$ _____</p> <p style="text-align: right;">TOTAL \$ _____</p>	<p>Payment Method: AmEx Discover Visa MC Check (enclosed)</p> <p>Credit card # _____</p> <p>Security code # _____ Exp. Date: _____ / _____</p> <p>Billing address: _____</p> <p>_____</p> <p>Signature: _____</p>
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