

Alaska Health Summit 2011
January 10-12, 2011 (Monday-Wednesday)
Hotel Captain Cook, 939 W 5th Avenue, Anchorage, AK
Exhibitor Application Form

EXHIBITOR NAME _____

ORGANIZATION _____

ADDRESS _____

CITY _____ ZIPCODE _____

PHONE _____ FAX _____ E-MAIL _____

INDIVIDUAL RESPONSIBLE FOR SETTING UP EXHIBIT: _____

PHONE: _____

PERSON/PERSONS STAFFING EXHIBIT: _____

Three day rate: Non-profit organization \$350.00 _____ For-profit organization \$400.00 _____

Exhibit fee includes a 6-foot draped table and two chairs – if you have a free standing large display and will not need a table set-up for your exhibit please let us know.

You may also request access to:

_____ Electrical Outlets (please add \$25 fee to three day rate above)

_____ Other: _____
(Internet and power cords are available for the fees charged by the hotel.)

Please note: Exhibit fee does include a complementary registration for the Alaska Health Summit for one person only, who is expected to staff exhibit during peak times, such as breaks. The registration pass can be shared among staff that manage the table each day if different people are helping with that task.

Payment Options: Checks Payable To: Alaska Public Health Association (TAX ID: 92-0087212)

Purchase Order No _____ (Please Attach Copy For Billing)

VISA/ Master Card Payment

Account: _____ Expiration: _____ V Code: _____

Total charge: _____ Name on Card: _____

Authorizing Signature: _____

Send to: Alaska Public Health Association
C/O Information Insights, Inc.
212 Front St Ste 100
Fairbanks, AK 99701

*You may also FAX Registration & Payment to Information Insights at 907-450-2470
For additional information please contact Information Insights at 907-450-2450.*

A late fee of \$50/day will be charged for any exhibits left after 5 PM Wednesday January 12th.