Tennessee Public Health Association  
P. O. Box 301  
Hendersonville, TN  37077

EXHIBIT SPACE CONTRACT 2023

Date of Meeting: Sept. 20-22, 2022     Exhibit Dates: Sept 21 & 22, 2023     Location: Embassy Suites, Murfreesboro, TN

EXHIBIT SPACE

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

For conference sponsorship/ agency membership options that include exhibit space, go to https://www.tnpublichealth.org/sponsorship-levels

Number of exhibit spaces needed _______     Total Cost of Exhibit Space: $ ____________

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 including Welcome Letter and details like set-up time, shipping, hotel, etc. will be sent to this individual.)

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.............................. $ ______________

COMPANY CONTACT INFORMATION

_____________________________________________     __________________________________________

Company Name     Company Official

_____________________________________________

Address

____________________________________________

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 and mail to P.O. Box 301, Hendersonville, TN 37077

(Full refund if cancellation received 30 days prior to annual meeting; one-half refund if received 2 weeks prior to annual meeting.)