

2008 EXHIBITOR AND ADVERTISEMENT APPLICATION

April 16- 18th

Holiday Inn Select – Baton Rouge, La.

**Return completed application with payment to:
Louisiana Public Health Association
Attention: Cabrenia M. Thomas
8919 World Ministry Drive Suite B
Baton Rouge, Louisiana 70810**

**Tel: (225) 765-0935
Fax: (225) 765-0940
Email: Cthomas3@dhh.la.gov**

Please check the appropriate box

- Exhibitor - \$400.00
- Exhibitor and Advertiser
- Advertiser Only
- Corporate Sponsorship
- Contribution _____

Each booth is furnished with one eight foot draped table, two side chairs and one company sign. The exhibit Fee includes electricity hookup to the booth and security of the exhibit after conference hours. Also included are two complimentary crawfish boil tickets. The cost to exhibit at the conference is \$400.00

COMPANY NAME: _____

REPRESENTATIVE: _____

TELEPHONE NUMBER: _____ FAX: _____

ADDRESS: _____

CITY: _____ STATE: _____

ELECTRICAL OUTLET NEEDED: YES _____ NO _____ PHONE/DATA LINE: _____

Please fax a copy of this registration to Cabrenia M. Thomas at (225) 765-0940. Please attach your check for the booth Registration to the original form and mail to: **Cabrenia M. Thomas/ LPHA Local Arrangements, 8919 World Ministry Drive Suite B - Baton Rouge, La. 70810. The deadline for registering for exhibit space is April 7, 2008.**

CONFERENCE PROGRAM ADS:

FULL PAGE \$100.00 _____
HALF PAGE 75.00 _____
QUARTER PAGE 50.00 _____

SPONSORS OF HEALTH BREAKS/HOSPITALITY SUITES:

Health Break/Amount: _____
Hospitality Suite/Amount: _____
Crawfish Boil/Amount: _____

Will representatives from your booth be attending the annual crawfish boil/icebreaker dance: Yes _____ No _____
If so, how many: _____

Your contribution is tax deductible. The LPHA Federal Tax ID Number is: 51-0188678.