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| immunize-oregon-logo | **2016 Oregon Flu Summit & More Exhibitor Application****Prevent | Protect | Vaccinate** |

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| 1. **Please type as you wish it to be printed in our program and exhibitor signage.**
 |  | **Have You Exhibited at the****Oregon Flu Summit Before?** |
| Company Name: | Company Name |  |
| Address: | Address |  | [ ]  Yes [ ]  No |
| City: | City |  | How many years have you exhibited at the Oregon Flu Summit? | # of years |
| State: | State | Zip: | ZIP |  |
| Phone: | Phone Number |  |
| Company Email: | Email |  | Other names you have exhibited under: |
| Website: | Company Website |  | Name #1 if applicableName #2 if applicable |
| 1. **Contact person for your exhibit:**
 |  |
| Contact Name: | Your Company |  | **All exhibitors and guests must register for the Oregon Flu Summit & More separately.** **Register here: oregonflusummit.weebly.com**  |
| Address (if different): | Address |  |
| City: | City |  |
| State: | State | Zip: | ZIP |  |
| Phone: | Phone Number |  |
| Cell: | Cell Phone Number |  |
| Email: | Non-generic email address |  |
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| 1. **Exhibitor Table Sizes, Discounts and Fees**
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| Size | Exhibitor Table | $1000 x | # | (#) tables = | $ |
|  All tables are 8 ft. wide x 2 ft. deep |  | Multiple Table Discount - | $ |
| Discounts |  | Non-Profit Discount\* - | $ |
|  5% for 2 tables |  |  |  |  |  |
|  10% for 3 tables | **Total exhibit fees due less any discounts** | $ |
|  15% for 1 table for non-profit/NGO\* |  |  |  |  |  |
| We have 16 tables available for vendors and limit up to 3 tables per vendor. Tables include 1 chair. More chairs can be added upon request.\*Non-Profit and NGOs may request multiple tables but are not eligible for multiple table discount in addition to 15% non-profit discount. |
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| **Exhibit Set-Up and Dismantle** | Move in and set up | Tuesday, August 23rd  | 6:00am – 7:00am |
| Exhibit hall open | Tuesday, August 23rd | 7:00am – 5:30pm |
| Dismantle | Tuesday, August 23rd | 5:30pm – 7:30pm |
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| **Application must be submitted by July 22nd, 2016 to be considered for exhibit space.**Completing this application does not guarantee space. You will be notified when your application is approved or denied. Submit this application or any questions to immunize.oregon@state.or.us. |

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| **Sponsorship and Advertising** |
| My company would like to sponsor the following item/event as described on http://oregonflusummit.weebly.com |
| [ ]  Summit Lunch - $7,500 |  | [ ]  Audio Visual Sponsorship - $2,500 |  |
| [ ]  Summit Breakfast - $6,500 |  | [ ]  Custom Lanyards - $800‡ |  |
| [ ]  Afternoon Snacks - $4,500 |  | [ ]  Pocketed Portfolio - $500‡ |  |
| [ ]  Mid-Morning Refreshments - $2,500 |  | [ ]  Bag Inserts - $500‡ |  |
|  |  | **Total sponsorship fees due** | $ |
| ‡ Requires coordination with Immunize Oregon. If selected, a representative will follow up with you regarding the order. |
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| 1. **Please describe the products and/or services provided by your company or organization:**
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|  |  |
|  | Click here to enter text. |
|  |  |
| 1. **Please describe the products and/or services you intend to present at the Oregon Flu Summit & More:**
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|  |
|  | Click here to enter text. |
|  |
| Will you be selling product/services at the summit? |  | [ ]  I require Internet connection |
| [ ]  Yes [ ]  No |  | [ ]  I require power outlet/cable |
| 1. **Payment Information**
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| * Payment will not be required until application has been approved.
* Do NOT include payment with application.
* **Directions for payment will be provided after your application has been approved.**
* Upon application approval payment should be submitted no later than Aug. 16th.
* We accept checks and credit cards.
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| 1. **Terms and Conditions**
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| By submitting this application I understand that my spot is not guaranteed until my application has been approved by Immunize Oregon. I agree that upon approval I will be responsible for payment of the full amount due from my request of exhibition and/or sponsorship. I understand that if I selected branded sponsorship I am responsible for providing Immunize Oregon with my company or organization’s logo along with other necessary communications. By attending the Oregon Flu Summit & More I agree to release all photography of my representative and my company or organization taken by Immunize Oregon for the purpose of marketing, advertising or documenting the event. I agree to set up, attend, and dismantle the exhibit table, if applicable, according to the schedule set forth in this application. |
| [ ]  I hereby agree to the terms and conditions |
| Print Name: | Type full name. | Date: | Date. |