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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 applicable  Name #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** | | | | | | | | | | | | | |  | | | | |  |  | |  |
| 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 | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **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:** | | | | | | | | | |
|  |  | | | | | | | | |
|  | Click here to enter text. | | | | | | | | |
|  |  | | | | | | | | |
| 1. **Please describe the products and/or services you intend to present at the Oregon Flu Summit & More:** | | | | | | | | | |
|  | | | | | | | | | |
|  | 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** | | | | | | | | | |
| * 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. | | | | | | | | | |
| 1. **Terms and Conditions** | | | | | | | | | |
| 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. | |