



March 8, 2019 | Pittsburgh Airport Marriott
CONFERENCE EXHIBITOR INFORMATION

Organization/Company Name: _____

Contact Person: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____ Fax number: _____

For Profit Exhibitor Table: _____ \$400.00

Non Profit Exhibitor Table: _____ \$250.00

Additional Exhibitor Representative: _____ \$25

Payment Method: (Please select one) _____ Check enclosed _____ Please invoice me

Do you require electrical service for your exhibit? _____ Yes _____ No

Name of Exhibitor Representative participating at the conference:

Name: _____ Email Address: _____

Please indicate any Dietary Preferences/ Food Allergies: _____

Special requirements: _____

Name of Additional Exhibitor Representative participating at the conference:

Name: _____ Email Address: _____

Please indicate any Dietary Preferences/ Food Allergies: _____

Special requirements: _____

Exhibitors may begin set up on Friday, March 8 at 7 a.m. and should be completed by 7:45 a.m.

* *Cost of exhibitor table includes conference registration, continuing education credits and lunch for one exhibitor. Second representative will pay \$25.00 for additional lunch.*

Please return completed form to:

Sara Levine Steinberg, Events Coordinator

NAMI Keystone Pennsylvania | 105 Braunlich Drive, Suite 200 | Pittsburgh, PA 15237
Phone: 412-366-3788 ext.122 | Fax: 412-366-3935 | slsteinberg@namikeystonepa.org