



Organization/Company Name: _____

Contact Person: _____ Email Address: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone number: _____ Fax number: _____

The virtual conference will include:

- **Expo Page** that showcases exhibitors and resources. It will be the responsibility of the exhibitor to add resources to this webpage. NAMI Keystone PA will provide a guide.
- **Virtual Exhibitor Time** that allows exhibitors and attendees to interact virtually
- **Lead Retrieval**

**Cost of exhibitor table includes conference registration and continuing education credits for one representative. Continuing education credits are extra for a second representative.*

Please Select One

For Profit Exhibitor Table: _____ \$400.00 Non-Profit Exhibitor Table: _____ \$250.00

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

Checks can be made payable to: NAMI Keystone Pennsylvania, 105 Braunlich Drive, Suite 200, Pittsburgh, PA 15237.

Name of Exhibitor Representative participating in the virtual conference:

Name: _____ Email: _____

Name of Additional Exhibitor Representative participating in the virtual conference:

Name: _____ Email: _____

Please email completed form to Sara Levine Steinberg at slsteinberg@namikeystonepa.org.

Forms can also be mailed or faxed to NAMI Keystone Pennsylvania.

Address: 105 Braunlich Drive, Suite 200, Pittsburgh, PA 15237

Fax: 412-366-3935