



Child, Adolescent &
Transition Age Youth
Mental Health Conference
February 2, 2024

The Westin Pittsburgh | 1000 Penn Ave. | Pittsburgh, PA 15222

CONFERENCE EXHIBITOR INFORMATION

Organization/Company Name: _____

Contact Person: _____ Email Address: _____

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

Phone number: _____ Fax number: _____

For Profit Exhibitor Table: _____ \$450.00

Non-Profit Exhibitor Table: _____ \$300.00

Additional Exhibitor Representative _____ \$75

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, February 2 at 7 a.m. and should be completed by 7:30 a.m.

* *Cost of exhibitor table includes conference registration, continuing education credits, and meals for one exhibitor. Second representative will pay \$75 to cover meals. Continuing education credits are extra.*

Please return completed form to:

Sara Levine Steinberg, Manager of Special Events and Technology
NAMI Keystone Pennsylvania | 105 Braunlich Drive, Suite 200 | Pittsburgh, PA 15237
Phone: 412-366-3788 ext.122 | Fax: 412-366-3935 | slsteinberg@namikeystonepa.org