



NAMI Keystone Pennsylvania

**PENNSYLVANIA
MENTAL HEALTH AND
WELLNESS CONFERENCE**

May 14-15, 2024

**May 14-15, 2024 | Best Western Premier The Central Hotel
& Conference Center, Harrisburg, PA**

CONFERENCE EXHIBITOR INFORMATION

Organization/Company Name: _____

Contact Person: _____ Email Address: _____

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

Phone number: _____ Fax number: _____

For Profit Exhibitor Table: _____ \$675.00

Non-Profit Exhibitor Table: _____ \$450.00

Additional Exhibitor Representative: _____ \$125

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

Do you require electrical service for your exhibit? **Cost \$35** _____ 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: _____

* *Cost of exhibitor table includes conference registration, continuing education credits, and meals for one exhibitor. Second representative will pay \$125 to cover meals. Continuing education credits are extra.*

Please return completed form to:

Sara Levine Steinberg, Manager of Special Events and Technology
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