



# ORAL HEALTH FLORIDA CONFERENCE July 27-29, 2016

**Florida Hotel & Conference Center**  
1500 Sand Lake Road, Orlando, FL 32809, 407-859-1500

## EXHIBITOR & SPONSOR REGISTRATION FORM

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Number of Booths Requested: \_\_\_\_\_

### Sponsorships:

I would like to provide sponsorship at the:

- Platinum Level \$10,000
- Gold Level 5000-\$9999
- Silver Level \$2,500-\$4999
- Corporate \$1,000-\$2,499

**Sponsors receive a complimentary exhibit booth**

### Exhibitor:

I would like to only exhibit

- Commercial \$600
- Non-Profit Organization \$200

**Includes table top display on 6ft tables and one (1)**

**Representative (participation in social and meal functions; each additional person is \$30/day)**

**In addition to exhibiting, please have OHF person contact me about sponsoring the following:**

- Networking Reception** \$5000  
(2 available)
- Luncheon** \$3500  
(2 available)
- Continental Breakfast** \$2500  
(2 available)
- Break with Exhibitors -** \$1500  
(4 available)
- Technology:** \$2500  
Audiovisual Equipment
- Conference Bags -** \$2500  
(logo on bags)
- Lanyards/NameBadges-** \$1500  
(with logo)
- Speaker Sponsorship** \$2000  
(2 available)

**Exhibitors must read General Information and Responsibility Contract.**

Please list the name (as it should appear in all printed materials) and email address for each booth attendee to receive email correspondence regarding registration and confirmation information:

Name: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Email: \_\_\_\_\_

**Number of booths Requested:** \_\_\_\_\_

Please check here if you require the follow:

- Electricity
- Internet Service (\$125)
- Ext Cords
- Addt'l 6ft Tables (\$200ea)
- Addt'l Chairs (#\_\_\_)

### PAYMENT REQUIRED:

|                        |          |
|------------------------|----------|
| Exhibit Amount         | \$ _____ |
| Sponsorship Amount     | \$ _____ |
| Addtl. Booth Attendees |          |
| (___ X \$30/person)    | \$ _____ |
| Total Amount           | \$ _____ |

Check       MasterCard       VISA

Exp. Date: \_\_\_\_\_

Credit Card # \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

### Send Exhibit Sponsor Registration Form and Responsibility Contract to:

FPHA, Attention: Sandy Magyar  
[floridapha@bellsouth.net](mailto:floridapha@bellsouth.net)  
Or via fax to (904) 657-2235

### CONTRACTS DUE BY JULY 1, 2016

Checks made payable to: FPHA  
Federal ID# 59-2200250

**Thank you! See you in Orlando!**