

*Virginia Department of Health -Tobacco Use Control & Healthy Communities Projects
and the American Cancer Society Annual Conference*

Wednesday, November 2, & Thursday, November 3, 2011

WESTIN RICHMOND HOTEL

6631 WEST BROAD STREET, RICHMOND, VIRGINIA 23235

Conference Date: November 2-3, 2011

Exhibit Hall Set-up: November 2, 2011 ~ 1:00 – 4:00 pm or before 7:30 am on November 3, 2011

Scheduled Exhibit Hours: November 2 – 5:00 -8:00 pm

November 3 7:30 am – 3:30 pm

Exhibit Hall Tear-Down: November 3, 2011 after 3:30 pm (Exhibitors may not tear down before 3:30 pm)

Exhibitor Opportunities

Conference exhibit space is limited. Space will be awarded on a first come, first served basis.

Conference Exhibitor: \$500

- *One* Exhibit Hall Registration (includes all meals and breaks)*
- *A listing in the TUCP Resource Flashdrive & Exhibitors' Signage*
- *One exhibit booth space including 6 foot draped table and two chairs*

· Nonprofit/Government Exhibitor: \$100

- *One* Exhibit Hall Registration (includes all meals and breaks)*
- *A listing in the TUCP Resource Flashdrive & Exhibitors' Signage*
- *One exhibit booth space including 6 foot draped table and two chairs*

**Each additional exhibitor registration is \$65.00*

For questions about Exhibitor Opportunities please contact:

Charlie McLaughlin, 804-786-2279 or cmclaughlin@healthyyouthva.org

TERMS AND CONDITIONS

All exhibitors will be assigned an exhibitor booth. All exhibit booths will be awarded on a first come, first served basis. The Association retains the right to reject any exhibitor that is deemed inappropriate.

Hotel reservations and travel arrangements are the responsibility of the exhibitors. A block of rooms have been reserved at the Westin Richmond Hotel. To receive the discounted rate you must reserve your room no later than October 15, 2011. To reserve your room, please call 1-804-282-8444 and reference request to the Virginia Department of Health conference.

Each exhibitor booth will have a table (3' x 6') with chairs, and electricity (110 volts 20 amps) provided. Requests for phone lines and wireless connections must be arranged directly with the hotel at additional cost.

An A/V Request Form will be mailed to you in your confirmation letter.

No part of an exhibit and no signs or other materials may be pasted, nailed or otherwise affixed to walls, doors or other surfaces in a way that mars or defaces the premises or equipment and furnishings. Damage from failure to observe this notice is payable by the exhibitor.

Use of space: Exhibitors may not sublet or divide their display area or show items for any non-exhibitor. Displays may not be placed so that they interfere with other exhibits. The American Cancer Society reserves the right to alter exhibit locations/displays. Sound equipment may be used for demonstrations only.

The ACS will not be held liable for damage or loss to an exhibitor's properties through fire, theft, accident, or any other cause, whether the result of negligence or otherwise.

The exhibitor assumes the entire responsibility and liability for losses, damages and claims arriving out of injury or damage to exhibitor's displays, equipment and other property brought upon the premises of the hotel and shall indemnify and hold harmless the Hotel and Convention Center and the American Cancer Society, agents, servants and employees from any and all such losses, damages and claims.

Exhibitor Opportunities (please check one)

Conference Exhibitor (\$500)

Conference Partners and Conference Exhibitors receive one complimentary Exhibit Hall registrations. Please list your representative here:

Name & Title _____

Nonprofit/Government Exhibitor (\$100)

Nonprofit/Government Exhibitors receive one complimentary Exhibit Hall registration. Please list your representative here:

Name & Title _____

Payment Information:

We have enclosed a check made payable to **Prevention Connections** (Tax I.D.#)

Please charge my (circle one) MasterCard Visa (The Association only accepts MasterCard or Visa)

Card #: _____

Expiration Date: _____

3 Digit CIV# on back of card: _____

Name as it appears on credit card: _____

Cardholders Signature: _____ Date: _____

By signing below, I agree to abide by the terms and conditions as set forth by the Virginia American Cancer Society and the Westin Richmond Hotel.

Signature _____ Date _____