

*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)

*For Sponsorship Opportunities please contact Keenan Caldwell at 804-937-2673 or  
Keenan.Caldwell@cancer.org*

*Platinum - \$4,000*

Premium exhibit space

8 Registrations to event (includes all meals and breaks) and reserved VIP table

Full page advertisement in the TUCP Resource Flashdrive

Event Site Signage

Special recognition as a Platinum Sponsors throughout the conference.

Your company's logo on all of our conference material.

Recognition signage at lunch table

Your company's logo will be included in conference program

*Gold - \$3,000*

Prime exhibit space

4 Registrations to event (includes all meals and breaks)

Full page advertisement in the TUCP Resource Flashdrive

Event Site Signage

Your company's brochure or flyer in each complimentary conference material

Recognition signage at continental breakfast table

Your company's logo will be included in conference program

*Silver - \$2,000*

Regular exhibit space

2 Registrations to event (includes all meals and breaks)

1/2 page advertisement in the TUCP Resource Flashdrive

Event Site Signage

Recognition signage at a break table

Your company's name will be included in conference program

*Friends - \$1,000*

Regular exhibit space

2 Registrations to event (includes all meals and breaks)

1/2 page advertisement in the TUCP Resource Flashdrive

Your company's name will be included in conference program

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

“Best Practices for Tobacco Control and Prevention”

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CONFERENCE SPONSORS APPLICATION

Thank you for sponsoring our event. We are very grateful for the opportunity to collaborate on this important event and public health concern. In order to sponsor, **please submit completed form and payment to Prevention Connections** attention:Charlie McLaughlin, 701 East Franklin Street, Suite 500, Richmond, Virginia 23219, 804-786-2279 or [cmclaughlin@healthyyouthva.org](mailto:cmclaughlin@healthyyouthva.org) ), no later than Monday, October 10, 2011.

All confirmation materials will be sent to the contact person listed below (please print):

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Company Website \_\_\_\_\_

**Sponsorship Opportunities (please check one)**

**Platinum - \$4,000**

*Platinum sponsorship receives 4 complimentary registrations. Please list your representatives here.*

Name & Title \_\_\_\_\_  
Name & Title \_\_\_\_\_  
Name & Title \_\_\_\_\_  
Name & Title \_\_\_\_\_  
Name & Title \_\_\_\_\_  
Name & Title \_\_\_\_\_  
Name & Title \_\_\_\_\_  
Name & Title \_\_\_\_\_

**Gold - \$3,000**

*Gold sponsorship receives 4 complimentary registrations. Please list your representatives here.*

Name & Title \_\_\_\_\_  
Name & Title \_\_\_\_\_  
Name & Title \_\_\_\_\_  
Name & Title \_\_\_\_\_

**Silver - \$2,000**

*Silver sponsorship receives 2 complimentary registrations. Please list your representatives here.*

Name & Title \_\_\_\_\_

Name & Title \_\_\_\_\_

**☐ Friends - \$1,000**

*Friends sponsorship receives 2 complimentary registrations. Please list your representatives here.*

Name & Title \_\_\_\_\_

Name & Title \_\_\_\_\_

**EXHIBITING TERMS AND CONDITIONS**

All exhibitors will be assigned an exhibitor booth. All Sponsorship exhibit booths will be awarded in accordance to level of sponsorship.

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 refer to the special **Virginia Department of Health** rate.

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.

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 \_\_\_\_\_

*For Exhibiting Please list your exhibit representative here:*

Name & Title \_\_\_\_\_

Name & Title \_\_\_\_\_

**Payment Information:**

We have enclosed a check made payable to **Prevention Connections** (Tax I.D.# 421609865)

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: \_\_\_\_\_