**The 20th Annual Kentucky Rural Health Association Conference**

**Exhibitor Registration**

We invite you to exhibit at the 2018 KRHA conference, which will be held at the WKU Knicely Center in Bowling Green KY on November 15-16, 2018.    The exhibit area will be located in the main lobby outside the main meeting rooms. **Booth space is limited and is awarded on a first come, first serve basis.**

**Exhibitor Schedule**: Set up: Thursday 7:00-9:00am

 Exhibits Open: Thursday, November 1 9:00am-4:30pm

 EXHIBITS WILL ONLY BE OPEN NOVEMBER 15 FOR THE FULL DAY

**Booth Includes**: 1 six-foot skirted table, 2 chairs and electricity (if required). Other booth amenities are available at your expense. If your display is large and you require additional space, please contact Tina McCormick. Meals included for two individuals included in exhibit fee. Exhibits exceeding 2 individuals must register each additional person at the standard registration rate.

**Exhibits will not be secured but can be left in place from set-up through 4:30 Thursday, November 15**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2018 KRHA EXHIBITOR FORM Cost to Exhibit**

$350.00 (NO FEE IS CHARGED FOR PLATINUM, GOLD, SILVER OR BRONZE SPONSORS)

**Organization Name**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Organizational Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name/ Title/Email of Individuals Attending:**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Electricity Required: \_\_\_\_\_ Yes \_\_\_\_\_\_\_ No**

**TOTAL AMOUNT ENCLOSED: \_\_\_\_\_\_\_\_\_**

**If you wish to pay by check:**

**Please make checks payable to:  *Kentucky Rural Health Association*** and mail to:

Attn:  Tina McCormick

36 S. Alvasia Street,

Henderson KY 42420

Be sure to register online as well and if you wish to pay by credit card you can do so when you register or contact Tina McCormick at (270) 577-1707. Also be sure to send your logo in jpg format to krha@twc.com