Exhibitor Form

National Extension Health Conference
April 6-8, 2016
The Hotel Roanoke and Conference Center - Roanoke, Virginia

Please print or type.

Company/Organization’s Name: ____________________________________________

Organization’s name as you wish it to appear on website, banner and/or in the conference program:

__________________________________________________________

Company URL: _________________________________________________________

Contact for all correspondence: Name _______________________________ Email _______________________

Billing Information:

Name ___________________________________________ Email _________________________

Address __________________________________________________________________________

City _______________________________ State _____ Zip ___________ Country _____________

Daytime Phone No. ___________________________ Fax No. ____________________________

Sponsorship Opportunities:

☐ $500 Commercial Exhibitor
☐ $250 Regular Exhibitor
☐ $0 Community Partner Exhibitor

Optional Tours:

☐ $24 Roanoke Walking Tour ☐ $10 Volunteer at Feed America
☐ $7 Virginia Museum of Transportation

Optional Fee:

☐ $25 Box Lunch. Number required: ______________

Please indicate the area of healthcare that you represent:

☐ Educator ☐ Healthcare manufacturer
☐ Healthcare Service Provider ☐ Medical practitioner
☐ Other: _____________________________
Refund
No refunds will be issued.

Cancellation Policy
Booth personnel may be substituted at any time for this program. In the unlikely event that this program is cancelled or postponed due to insufficient enrollments or unforeseen circumstances, the university will fully refund registration fees but cannot be held responsible for any other expenses, including cancellation or change charges assessed by airlines, hotels, travel agencies, or other organizations.

For weather or disaster-related program cancellation or postponement information, please call 540-231-9489.

The information you provide is subject to the Freedom of Information Act guidelines.

Return with payment by March 30, 2016 (no staples, tape, or paper clips, please) to:
Conference Registrar
Continuing and Professional Education
Virginia Tech, Mail Code 0272
702 University City Blvd.
Blacksburg, VA 24061
phone: 540-231–5182
fax: 540/231–3306 (for credit card registrations only)

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Method of payment: Payment of registration fees is required prior to program attendance. Registration will be processed when payment is received.
To pay a fee by a VT department via HokieMart, you must select “VT CPE registration fee” as your exhibitor and attach this completed form.

☐ Check enclosed (Make payable to: Treasurer, Virginia Tech CE) Checks must be drawn on U.S. bank in U.S. dollars.
(There will be a $50 processing fee for all returned checks.)

☐ Credit Card: ☐ Visa ☐ MC ☐ AmEx
(Credit Card payment may be mailed, faxed, or given to registrar over the phone. No credit card information will be processed by voice mail or email.)

Cardholder name

Cardholder signature Date

Card No. Exp. Date