

EXHIBITOR & SPONSOR OPPORTUNITIES

2020
MIDWEST
HEALTH
PROMOTION
CONFERENCE

Thursday
10 | 29 | 20
St. Paul RiverCentre, St. Paul, MN

An Opportunity to Connect with Professionals Passionate about Worksite Health!

Recharge Join us for this daylong Conference! New faces and presenters bring energy and excitement every year.

Connect Mingle with attendees from a wide variety of industries: large and small businesses, municipalities, manufacturing, brokerages, government offices, schools, hospitals and health care organizations.

Grow Share your products and services with people who influence both personal and corporate buying. Participants include: human resources, health educators, wellness managers, exercise physiologists, dietitians, safety professionals, benefits consultants, occupational health nurses, personal trainers, fitness professionals and wellness committee volunteers.

Register by Mail

HealthSource Solutions
attn: Jenna Andrews
3149 Fernbrook Lane N.
Plymouth, MN 55447

Sponsorship deadline is **May 15, 2020** to be included in the Conference brochure. Send your logo early to maximize the time you are featured on our website. For any questions regarding Sponsor or Exhibitor opportunities, contact jennaandrews@healthsource-solutions.com or call (763) 287-0740.

Sponsor: \$1,750

(\$1,600 early bird pricing before May 1)

- Choice of premium exhibit space: 10' x 9' space with 6' draped table and 2 chairs
- Lunch and attendance for two
- Two copies of the Conference syllabus
- Attendee list post-Conference
- Company logo and link on our website
- Company logo on signage at Conference
- Verbal recognition before morning keynote
- Two parking vouchers
- Logo on Conference brochure (must register by May 15)
- Full-page color ad in the Conference syllabus. 7.5" x 10" PDF must be supplied by September 1, 2020

Prize Donations

Be a part of our Conference Prize Drawing at the end of the day. There is space on the Registration Form for you to indicate if you would like to contribute.

Cancellation Policy

If cancelling 90 days or more before the event, you will receive a 100% refund, minus a \$100 administrative charge. If cancelling 30-89 days before the event, you will receive a 50% refund. Refunds will not be given less than 30 days before the event.

Exhibitor: \$800

(\$700 early bird pricing before May 1)

- Choice of exhibit space: 10' x 9' space with 6' draped table and 2 chairs
- Lunch and attendance for two
- Two copies of the Conference syllabus
- Attendee list post-Conference
- Company name and link on our website
- \$500 non-profit exhibitor rate available for 501(c)(3) organizations

Advertisement: \$300

- Full-page color ad in Conference syllabus
- 7.5" x 10" PDF must be supplied by September 1, 2020

Bag Stuffer \$300

- Examples include pens, small notepads, flyers, brochures, etc.
- Promotional items need approval by Conference Coordinator

RECHARGE | CONNECT | GROW

EXHIBITOR, SPONSOR AND ADVERTISING REGISTRATION

ORGANIZATION _____

CONTACT NAME _____ TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

WEBSITE _____

EXHIBITOR NAME _____ TITLE _____

EMAIL _____

EXHIBITOR NAME _____ TITLE _____

EMAIL _____



PROMOTIONAL OPPORTUNITIES:

Conference Sponsor: \$1,750
\$1,600 early bird pricing before May 1

- Sponsor fee, exhibit space, attendance for two \$1,750
- Early Bird discount \$1,650
- Additional Exhibit Space \$350
- Electricity \$110

TOTAL _____

Exhibitor: \$800
\$700 early bird pricing before May 1

- Exhibit fee, space, attendance for two \$800
- Early Bird discount (*non-profits not eligible*) \$700
- Non-profit discount (*501(c)(3) number*) \$500

- Additional Exhibit Space \$350
- Electricity \$110

TOTAL _____

Advertisement: \$300 \$300

Bag Stuffer: \$300 \$300

Prize Donation _____

TOTAL AMOUNT _____

Free WiFi available. Service intended for light use, such as email, browsing the internet, or displaying web sites. If you need a wired connection, contact Jenna Andrews at jennaandrews@healthsource-solutions.com



HealthSource
Solutions

PAYMENT

TOTAL AMOUNT _____

Check payable to HealthSource Solutions is enclosed.

Credit Card

Visa MasterCard Discover American Express

NAME ON CARD _____

BILLING ADDRESS _____

CARD NUMBER _____

EXPIRATION DATE _____

VERIFICATION CODE _____

CARDHOLDER SIGNATURE _____

NOTE: Payment must be received at time of registration to confirm your Sponsorship, Exhibit or Advertisement space.

www.healthsource-solutions.com