

Louisiana Rural Health Association
2017 Annual Rural Health Conference
October 23-24, 2017
L'Auberge Baton Rouge Hotel

Exhibitor/Sponsor Registration Form

Organization Name _____

The representative listed below will be considered the "primary contact" and will be the individual to receive all conference-related correspondence prior to, and post-event. **Please email your company logo (jpeg or bitmap format) to fontenot@lrha.org before September 22nd.**

Primary Contact _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ E-Mail _____

Name(s) of representatives attending:

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Registration Payment Information

Booth Registration (with two representatives at booth): **\$900** Additional Representative: **\$100**

Corporate Platinum Sponsor: **\$0.00** Corporate Silver Sponsor: **\$450** Corporate Bronze Sponsor: **\$675**

****Number of Representatives attending Awards Luncheon:*** _____

Sponsorship Opportunities (Call LRHA (985) 369-3813 for availability before registering)

Elite Sponsor: **\$4,000** Emerald Sponsor: **\$3,500** Diamond Sponsor: **\$2,500**

Logo USB Drive Sponsor: **\$1,500** Company ad on conference USB Drive: **\$150**

Additional Booth Requirements (Optional): **5 Amp. Electric Outlet**

Exhibitor Treasure Hunt Information

Treasure Hunt Exhibitor Question: _____

Treasure Hunt Exhibitor Answer: _____

Total Amount \$ _____ **Payment Method** **Visa/MasterCard ONLY** **Check Enclosed**

Name on Credit Card: _____

Credit Card Number: _____ **Expiration Date:** _____

Authorized Signature (for Credit Card payments only) _____

Please mail or fax completed form and payment to:

LRHA
P. O. Box 387
Napoleonville, LA 70390
OR Fax (985)369-3630

Thank you for your continued dedication and support to rural health care!