



NORTH CAROLINA
PRECONCEPTION
HEALTH CAMPAIGN



MARCH
OF DIMES

EXHIBITOR RESERVATION FORM and LETTER OF AGREEMENT

Spaces are limited. Return form as soon as possible and no later than April 23, 2018

Event Date: May 3, 2018

Event Title: **Continuing Strides: Preconception Health's Journey to a Healthier North Carolina**

Location: **WakeMed Health & Hospitals - The William F. Andrews Conference Center, 3024 New Bern Avenue, Raleigh, NC 27610**

Registration time: **7:45 am (set-up will begin at 7:00 am)**

Name of Exhibiting Organization: _____

Place an X next to all that Apply:

Non-Profit - Exhibitor (includes lunch for 1 representative)

I would like to receive AHEC credits

I will need a standard electrical outlet (available first-come, first-serve), power cord not provided

I want a vegetarian meal

Contact Information

Salutation: Dr. Mr. Mrs. Ms. Miss

_____ PIN# (4 digits only)

Representatives Names: _____

Representative Job Title: _____

Organization Address (PO Box or Street) _____

City _____ State _____

Zip _____

Work County: _____

E-Mail: _____

Phone (_____) _____

Fax (_____) _____

Things to Know:

- The exhibit space accommodates up to **2** representatives. The exhibit will have one table (1 ½ ft. X 8 ft.), two chairs.
- If a representative would like to receive credit for the educational sessions attended please make sure to mark the credit registration above and complete the contact information. *Note: If attending for credit, 100% attendance to the conference is required.*
- Exhibitors may attend the educational sessions when not exhibiting.
- Exhibitors will need to supply their own tablecloths. No pipe and drape, tablecloths or divisions between tables.
- Do not plan to affix any banners or signs to walls.
- Due to space limitations we are unable to store exhibit materials prior to the conference.
- Exhibitor is responsible for any unused exhibit materials. All leftover materials will be discarded.
- **To assure quality programming and safety for all participants, babies and children may not attend.**

_____ By placing an "X" here you agree to exhibit at the event and to abide by all stipulations noted above.

Signature: _____

Date: _____

Please submit this registration via email or fax to:

Jennifer Vickery

Jennifer.vickery@msj.org

Fax: 828-213-0039

Questions? Please contact **Jennifer Vickery at 828-213-0031 or via email at Jennifer.vickery@msj.org**