



Exhibitor and Vendor Opportunities

We invite you to join the Hawai'i Public Health Association (HPHA) as a sponsor of the 2012 Pacific Global Health Conference (PGHC), October 8-10 in Honolulu, Hawai'i. This conference is the largest gathering of public health professionals in Hawai'i and the Pacific Rim, with over 500 participants at the last conference in 2007.

Exhibitor Table

\$500 for profit/\$100 non-profit

This three-day conference will have tables for vendors to leave posters, brochures, collaterals and other information throughout the entire program. During the two lunch breaks we recommend personnel be present at your table. This is your opportunity to be on site to answer questions to prospective clients. The exhibitor fees do not include registration.

Conference Program Advertisement

Ad space will be made available in the PGHC program, distributed to all participants, presenters and sponsors.

AD FEES AND SPECIFICATIONS:

\$75: 1/8 page is business card size

\$125: 1/4 page ad (3.5 x 5")

\$250: 1/2 page is 5x7" horizontal, or 3.5x10" vertical

\$500: Full page is 8.5x11

Please submit art work in black and white, jpeg format by September 10th to prc@hawaiiibiz.rr.com

Contact: Lee-Ann Choy, Pacific Rim Concepts LLC, tel. 808-864-9812

In-Kind Contributions

Conference organizers are seeking in-kind contributions to cover the costs of printing, audio-visual and other necessary conference expenses.

The HPHA welcomes vendors' contributions of collateral for inclusion in the conference packets. Welcome collateral includes pens, pads of paper, water bottles, bags, etc.



Exhibitor/Vendor Commitment Form

Yes, we are interested in participating as an exhibitor/vendor at the Pacific Global Health Conference:

- ☐ Table – for profit, \$500
☐ Table – non-profit, \$100

Yes, we are interested in purchasing add space in the Pacific Global Health Conference program:

- ☐ Full page, \$500
☐ Half page, \$250
☐ Quarter page, \$125
☐ Eighth page, \$75

Organization Name (to be listed in printed materials): _____

Contact Person Mr./Dr./Mrs./Ms./Miss _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone _____ **Fax** _____ **Email** _____

PAYMENT METHODS:																																									
Please circle payment method: Credit Card Check																																									
Checks payable to: Hawai'i Public Health Association																																									
Credit Cards will reflect a charge by Pacific Rim Concepts LLC (tel. 808-864-9812)																																									
Credit Card No. MC VISA	Expiration Date																																								
<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Name on Card if different from Registrant:	Cardholder Address if different from Registrant:																																								
Authorized Signature:	<table border="1"> <tr> <td>Amount to be charged:</td> <td>CCV # (3 digits @ back of card)</td> </tr> <tr> <td>\$</td> <td></td> </tr> </table>	Amount to be charged:	CCV # (3 digits @ back of card)	\$																																					
Amount to be charged:	CCV # (3 digits @ back of card)																																								
\$																																									

Return form to:

Lee-Ann Choy, Pacific Rim Concepts LLC, 45-520 Kamooalii Street, Kaneohe, HI 96744
prc@hawaii.biz 808-864-9812