

# SOUTH ATLANTA ASSOCIATION OF HEALTH UNDERWRITERS JANUARY 19, 2012 SAAHU SYMPOSIUM EXHIBITOR CONTRACT

Exhibitor Set-Up: 11:00 - Registration Opens: 11:30 - Lunch: 12:00 - Program: 12:30 - 3:30

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person (Should be the person who will be in charge on site) \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Exhibitor Level:

- Podium**      \$ 1,000      \$ \_\_\_\_\_  
 **Gold**        \$ 500  
 **Silver**        \$ 350

<b>Podium Sponsor (1 Available) - \$1,000</b> 4 tickets for attendees Double table space/premium placement 5 minutes at the microphone Podium Signage & Program Recognition	<b>Gold Sponsors - \$500</b> 3 tickets for attendees Double table space/premium placement Recognition in the program and signage Premium Placement
<b>Silver Sponsors - \$350</b> 2 tickets for attendees Single table space Recognition in the program and signage	<ul style="list-style-type: none"> <li>Additional Booth Representatives @ \$25.00 per representative</li> </ul>

\* Additional Booth Representatives @ \$25.00 per representative      \$ \_\_\_\_\_

**Total Amount Due**      \$ \_\_\_\_\_

\* Additional Booth Representatives are individuals in attendance that are in excess of Exhibitor Level chosen. Please list ALL attendees below:

\_\_\_\_\_

\_\_\_\_\_

**Payment Method:**       **Check (included)**       **Receive an Invoice from SAAHU**

Make checks payable to SAAHU. Submit **check**, completed **Contract** and completed **Exhibitor Registration** forms to:  
 Mark Phillips, SAAHU Treasurer  
 165 Churchill Court  
 Fayetteville, GA 30214  
 Ph: 678.462.8044 / Fx: 678.489.8084 / e-mail: mptosh@comcast.net

I understand that this contract shall be legally binding between South Atlanta Associations of Health Underwriters and the Exhibitor. I also understand that any change in the information in this contract must be made in writing. Changes in booth representatives must be received by SAAHU no later than January 13, 2012.

Authorized By (Please print name and title) \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Questions? Call **Randy McDaniel** 770-954-1644 cp 404-625-2480 & email [imtheinsuranceman@charter.net](mailto:imtheinsuranceman@charter.net) or **Jeff Reese** (404) 384-8064 & email [reesejt@aol.com](mailto:reesejt@aol.com)