		S. O. Box 301 sonville, TN 37077			
	EXHIBIT SP	ACE CONTRACT 2	2023		
Date of Meeting: Sept. 20-22, 20	022 Exhibit Dates	s: Sept 21 & 22, 2023	Location: Embas	sy Suites, Murfreesboro, TN	
A. \$ <u>500</u> per space for B. \$ <u>300</u> per space for For conference sponsorship/ agency	commercial companies non-commercial agencie		https://www.tnpublich	ealth.org/sponsorship-levels	
Number of exhibit spa	Tota	Total Cost of Exhibit Space: \$			
	GENER	AL INFORMATION	1		
1. Standard space includes: On additional space may be purcha		nd chair(s) (Size of exh	ibit must be contain	ed within this space;	
2. Do you need an electrical out	let? Yes No	(Please check	( one)		
Name and address of represent	ative(s) who will operate	exhibit: <b>(PLEASE PRIN</b>	IT)		
Name: *	_ Additional persor	Additional persons who need name tags:			
Address:		2			
		3			
		_ 4			
Phone:	Fax:				
E-mail:					
*(Information including Welcome	e Letter and details like se	et-up time, shipping, ho	tel, etc. will be sent	to this individual.)	
	SPE	CIAL EVENTS			
We would like to make a	a contribution to help spo	nsor a portion of the TP	HA Program \$_		
We would like to make a	a contribution to help spor	nsor a social event	\$		
	COMPANY CC	ONTACT INFORM	ATION		
Company Name			Company Official		
Address			T	itle	
Addless			11	ue	
City/State/Zip			Phone	Fax	
Date: Auth	orized Person Email addr	ress			
Check: Enclosed or S	Sending under separate co	over (Plea	se check one)		
Make check payable to <b>Tennes</b> (Full refund if cancellation received					

**Tennessee Public Health Association**