



2009 Priester National Extension Health Conference
April 6-8, 2009
Hyatt Regency Hotel
Indianapolis, Indiana

Dear Exhibitor:

On behalf of the national planning committee, I invite your organization to exhibit at the 2009 National Priester Extension Health Conference. This year's conference theme is **Healthy Transitions in a Changing World**. Conference tracks include *Healthy Families*, *Health across the Lifespan*, and *Sustaining Communities*.

The conference will host state and county Cooperative Extension educators and their community partners involved in health-related programming. As an exhibitor, your organization will promote its products, services, and resources to a national audience.

Exhibits will be on display throughout the conference: April 6 – 8, 2009. The cost to exhibit is \$175 for commercial vendors and \$100 for non-profit, government, and public education organizations. This includes one draped and skirted six-foot exhibit table, conference breaks, and admittance to the Tuesday evening reception for one person. For complete details, go to: www.conf.purdue.edu/priestere Exhibitor.

Extension has a long history of involvement in promoting health and preventing disease in communities across the nation. The Cooperative Extension System (CES) is a vast network of scientists, educators, staff, and volunteers who carry out research and education programs throughout the United States and its territories. Most CES partners work at or through land-grant universities. The United States Department of Agriculture-Cooperative State Research Education and Extension Service (USDA-CSREES) is the primary federal partner. The 2009 conference is sponsored by Purdue University College of Consumer and Family Sciences, Purdue Cooperative Extension, and USDA-CSREES.

The exhibitor application deadline is March 20, 2009. I hope your organization will join us for a conference showcasing the successful programs of Extension professionals as well as their community, organizational partners, and students.

For questions regarding exhibitor registration logistics, please contact Kim Stockment at kstockme@purdue.edu or (765) 494-7225. For information about the conference, please contact me at kzotz@purdue.edu or (765) 494-8252.

We look forward to seeing you in Indianapolis!

Sincerely,

Karen L. Zotz, EdD, assistant director, Purdue University CFS, Purdue Cooperative Extension

2009 Priestler National Extension Health Conference**Exhibitor Registration Deadline: March 20, 2009**

Name _____

Title _____

Organization _____

Address _____

City _____

State _____ ZIP _____

This is my: home work address.

Phone _____ Fax _____

*E-mail (*required*) _____This is my: home work e-mail address. I require auxiliary aids/services due to a disability. Please contact me at the above address.**Fees (Includes a draped, skirted six-foot exhibit table, and conference breaks and reception for ONE staff person)**

- Commercial Organizations - \$175
- Non-Profit, Government, Public Education - \$100
- Additional Reception Tickets - \$50 (per person) _____ x \$50 = _____
- Additional 6ft. table, draped/skirted - \$35

Total Enclosed \$ _____

Please refer to the "Exhibitor Exhibit Form" link to learn more about booth amenities. For questions, please contact Melanie Cassetty at mcassetty@hyatt.com.

Payment Method *Payment is required upon submission of exhibitor registration.*

- Enclosed is a check made payable to **Purdue University**.
- Enclosed is a company purchase order.

PO Number _____

*** (A copy of the purchase order is required.)**

Please charge to my: VISA American Express Discover MasterCard

Account Number _____ Expiration Date _____

Authorized Signature _____

Printed Name _____

Please mail with payment to: CEC Business Services
Purdue University
Stewart Center, Room 110
128 Memorial Mall
West Lafayette, IN 47907-2034

or fax your with credit card information to: (765) 494-0567

Purdue University is an equal access/equal opportunity university.

www.conf.purdue.edu/priestere Exhibit

Additional Booth Staff

Name _____

Title _____

Organization _____

Address _____

City _____

State _____ ZIP _____

This is my: home work address.

Phone _____ Fax _____

*E-mail (*required*) _____

Name _____

Title _____

Organization _____

Address _____

City _____

State _____ ZIP _____

This is my: home work address.

Phone _____ Fax _____

*E-mail (*required*) _____

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*E-mail (*required*) _____