



**Space is limited!
Sign up Early!**

Alternatives 2009
EXHIBIT SPACE AGREEMENT
Hilton Omaha
October 28 - November 1, 2009

Contact Name:

Company:

Company Address:

City/State/Zip:

Phone: Fax: E-mail:

Product or Service:

**You MUST register for exhibit space by e-mail (this form only), fax, or mail:
Alternatives 2009, P.O. Box 500209, Austin, TX 78750 | Fax: 512-336-1238
Register to attend the conference online at www.Alternatives2009.org.**

Exhibit Space Fees (check applicable box):

Mental Health Provider/Support Organization: \$100 per table (BEFORE Aug.1) \$120 per table (Aug. 2 - Sept.15)

Peer Programs: \$25 per table

Exhibit Space Includes: One 6' draped table, two chairs, and complimentary listing in the Official Conference Program
PLEASE NOTE: Electricity is NOT included and must be ordered and exhibitors must pay for it though the hotel.

Questions? Call Horizon Meetings at 512-336-9029, Ext. 101
or e-mail: lisa.gallo@horizonmeetings.com

Payment Information (Payment must be received with form to reserve a space. Forms submitted without payment will be disregarded.)

Amount Due:

Check Enclosed (payable to MHASP/Alternatives 2009) Check Number:

Credit Card: MasterCard Visa CC Number:

Please use the drop-down calendar arrow.

Expiration Date: Security Code (MC/VISA 3-digit, back of card; AMEX 4-digit, front of card):

Purchaser/Cardholder's Name:

Billing Address:

Cardholder's Phone: I authorize the Alternatives Conference to charge my credit card. *This check box indicates an approval signature.*

The above has read and hereby agrees to the Exhibitor Rules and Regulations for exhibiting at the Alternatives 2009 Conference.

Please use the drop-down calendar arrow.

Date:

Please return this agreement with payment no later than September 15, 2009.