



Dear Friend of Public Health

We would like to take this opportunity to invite you and your company to participate in the 2008 Annual Educational Conference of the Eastern District NC Public Health Association which is scheduled for May 7-9 at the Oceanfront Hotel in Atlantic Beach, NC. On behalf of the membership, we would like to encourage you to join us and exhibit your product to a group of dedicated public health professionals who are committed to providing quality care to the citizens of North Carolina. The opportunity to **advertise** in the Conference Program is also available. Information relative to participating is included in the attached Exhibitor Commitment Form.

EDNCPHA represents the 55 easternmost North Carolina counties. The membership is comprised of various disciplines within state and local public health agencies as well as other individuals who have an interest in public health and support the mission and goals of the association.

We are sure you have a product or a service that would be of great interest to the membership of EDNCPHA. In this relaxed atmosphere you will be able to develop customer-based relationships and enjoy networking with conference participants. You can set up your exhibit on Tuesday afternoon (May 6<sup>th</sup>) or Wednesday (May 7<sup>th</sup>) from 8:00 – 9:00 am. Exhibits are open all day Wednesday and break down around 12:00 Noon on Thursday (May 8<sup>th</sup>).

Please call to make your hotel reservations. Mention that you are participating at the EDNCPHA Annual Conference to get the special room rate.

We look forward to hearing from you and having you become a member of our “public health family”. Please contact us if you need further information

Bob Winstead, Chair  
DHHS-HIV/STD  
225 N. McDowell Street  
Raleigh, NC 27603  
Phone: 919-715-3115  
[robert.winstead@ncmail.net](mailto:robert.winstead@ncmail.net)

Amy Traverson  
DHHS-HIV/STD  
225 N. McDowell Street  
Raleigh, NC 27603  
Phone: 919-733-9552  
[amy.traverson@ncmail.net](mailto:amy.traverson@ncmail.net)

**EASTERN DISTRICT PUBLIC HEALTH ASSOCIATION**  
**2008 Annual Conference**  
**Sheraton Oceanfront Hotel, Atlantic Beach NC**  
**May 7-9 2008**

**EXHIBITOR COMMITMENT FORM**

Company/Organization \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
Contact Name \_\_\_\_\_  
Contact E-mail Address \_\_\_\_\_  
Contact Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Name(s) of Booth Attendants \_\_\_\_\_  
\_\_\_\_\_

*The EDNCPHA is hereby requested and authorized to reserve exhibit space for our use during the 2008 Annual Educational Conference to be held May 7-9, Sheraton Oceanfront Hotel, Atlantic Beach,, NC. It is understood and agreed that space will be assigned on a first-come, first-serve basis and the association management reserves the right to assign exhibitors to the best space for the benefit of the exhibitor or the betterment of the exhibition. We understand that full payment is due with the Exhibitor Commitment Form. We agree to abide by the terms and rules of the exhibition set forth and agree that when signed by an authorized agent of the exhibitor and countersigned by EDNCPHA, this Exhibitor Commitment Form becomes a contract.*

Authorized Signature \_\_\_\_\_

---

---

**Exhibit Fees** – Please Check:

- Exhibit Booth ..... Cost \$300.00  
 Exhibit Booth – Educational/Non-Profit Organization ..... Cost \$ 50.00  
Will access to an electrical outlet be required  Yes  No

**Advertisement Fees** (Ad will be in Conference Program) – Please Check:

- Full Page (5 1/2" x 8 1/2") ..... Cost \$100.00  
 Half Page (5 1/2" x 4 1/4") .... Cost \$ 75.00  
 Quarter Page (2 3/4" x 2 1/8") ... Cost \$ 50.00

**Note:** If you purchase an advertisement, please include your ad layout in photo ready format with this contract (must be received no later than **April 1, 2008**. The deadline for exhibit commitments will be extended through **April 25, 2008**.

**Hospitality/Door Prize/Donation:**

Indicate how you will participate \_\_\_\_\_

TOTAL OF CHECK ENCLOSED \_\_\_\_\_

Make check payable to EDNCPHA and **mail to:**

Bob Winstead  
DHHS-HIV/STD  
225 N. McDowell Street  
Raleigh, NC 27603