

2017

Sponsor/Exhibitor Registration Form

2017 Annual Dakota Conference on Rural & Public Health

June 13–15

**Holiday Inn Riverside
Minot, North Dakota**

*Providing Quality Education for
Rural and Public Health Professionals*



Deadline for registration is Wednesday, March 1, 2017
Display space is limited—sign-up now!

Exhibitor Levels (comes with an exhibit space) (space & location determined by order of registration & exhibitor level)
My organization will sponsor the Dakota Conference at the following level:

- Bronze Level – \$500
- Silver Level* – \$750
- Gold Level*∞ – \$1,000

Additional Items/Events to Sponsor (these items do not include exhibit space)

- Break Sponsor* – \$500
- 10 minute speaking opportunity prior to keynote session
(only available to Gold Level Exhibitors)(limited space available) – \$500
- Opening Reception Sponsor* – \$1,000
- Participant Internet Sponsor* – \$1,000
- Awards Banquet Sponsor* – \$2,000
- Keynote Sponsor* – \$2,000
- Advertisement in Conference Program (select one)
 - Full page (7½” x 10½”)** – \$700
 - Half page (7½” x 5”)** – \$425
 - Quarter page (3¾” x 5”)** – \$300

* The sponsoring organization's logo should be emailed in a tiff, jpeg, PDF, or eps file format and be at least 200dpi for use in conference materials. The logo must be submitted to kylie.nissen@med.und.edu by March 1, 2017.

∞ One page ad (8½ x 11) color or black/white designed and submitted by the sponsoring organization, must be emailed in a PDF file format to kylie.nissen@med.und.edu by March 1, 2017.

** Advertisements must be created and submitted by the sponsoring organization to kylie.nissen@med.und.edu by March 1, 2017. The ads should be at least 200dpi and should be emailed in a tiff, jpeg, PDF, or eps file format.

Organization Contact Information

(Please type or clearly print information as you would like it to appear on all printed materials)

Organization: _____

Contact Name: _____ Credentials: _____

Title: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Social media handles: _____

Select one

Our organization will not be displaying at the conference.

Please note: If you will not be exhibiting at the conference, but would like a flyer or brochure set out for participants, please contact kylie.nissen@med.und.edu.

Our organization will be displaying an exhibit at the conference. (complete the exhibitor information below)

Bronze and Silver level registrants receive one complimentary registration for their display representative.

Gold level sponsors receive two complimentary registrations for their display representatives.

~Only one exhibitor may use the complimentary conference registration. It may not be different people at different days/times.

Additional exhibitors must register as conference participants.~

If you will be displaying at the conference, you are responsible for bringing all supplies including extension cords and tablecloths for setup.

Please provide a description of company/organization in 30 words or less (to be used in promotional materials). *Descriptions that run more than 30 words will be truncated at the 30 word point.

Exhibitor 1: Check if same as organization contact (complete the requested information under the contact info)

*** NOTE: No representatives, other than the person listed on this registration form as the exhibitor, are allowed to be present at your booth unless they have registered for the conference. All additional representatives MUST register for the conference.

Name: _____ Credentials: _____

Title: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Please select meals Exhibitor 1 will be attending:

Tuesday, June 13

- Lunch
- PM Break
- Reception

Wednesday, June 14

- Breakfast
- AM Break
- Lunch
- PM Break

Thursday, June 15

- Breakfast
- AM Break

___ I will be attending the Awards Banquet (June 14, evening) = \$30 each ___ # of tickets

___ I will be attending the CAH Quality Network/Flex Pre-Conference (June 13, 8:00–11:30 am) = \$20 each

___ I will be attending the NDPHA Pre-Conference (June 13, 8:30–11:30 am) = no charge

___ I will be attending the North Dakota Rural Health Association Meeting (June 14, 7:00–8:00 am) = no charge

Please provide a written request for any special needs (including dietary)

Exhibitor 2: *(Gold Level Only)*

Name: _____ Credentials: _____

Title: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Please select meals Exhibitor 1 will be attending:

Tuesday, June 13

- Lunch
- PM Break
- Reception

Wednesday, June 14

- Breakfast
- AM Break
- Lunch
- PM Break

Thursday, June 15

- Breakfast
- AM Break

- ___ I will be attending the Awards Banquet (June 14, evening) = \$30 each ___ # of tickets
- ___ I will be attending the CAH Quality Network/Flex Pre-Conference (June 13, 8:00–11:30 am) = \$20 each
- ___ I will be attending the NDPHA Pre-Conference (June 13, 8:30–11:30 am) = no charge
- ___ I will be attending the North Dakota Rural Health Association Meeting (June 14, 7:00–8:00 am) = no charge

Please provide a written request for any special needs (including dietary)

 **Method of Payment**

Confirmation will be sent upon receipt of payment. All payments are nonrefundable.

Please send me an invoice. Total amount \$ _____

Check # _____ enclosed for \$ _____

Please make checks payable to UND. Must be received with payment by March 1, 2017.

Submit with payment March 1, 2017
 Mail: Dakota Conference
 University of North Dakota
 School of Medicine & Health Sciences, Suite E231
 1301 N. Columbia Road, Stop 9037
 Grand Forks, ND 58202-9037
 Telephone: 701.777.3848
 Fax: 701.777.6779

 **Questions?**

Kylie Nissen, Senior Project Coordinator
 UND School of Medicine & Health Sciences
 Center for Rural Health
 701.777.5380 • kylie.nissen@med.und.edu
 or visit ruralhealth.und.edu/dakota-conference