

**HAPS Southern Regional Meeting – March 30, 2019**  
**Bellarmine University, Louisville, KY**  
**Exhibitor Application & Contract**  
**Deadline for submission is March 1, 2019**

|                                |
|--------------------------------|
| Contact Person                 |
| Company Name                   |
| Address                        |
| City, State/Province, Zip Code |
| Email Address                  |
| Phone Number                   |

**Please check if you need:**     Electrical Outlet     Internet Access

**Exhibitor Fees & Payment**

| Quantity         | Description   | Cost                                     | Total |
|------------------|---|--|-------|
|                  | 1 <sup>st</sup> Table (includes registration for 2 exhibit staff members)   | \$400                                    |       |
|                  | Additional Table  | \$300                                    |       |
|                  | Workshop fee:   | \$110 ( <b>per session</b> )             |       |
|                  | Poster fee:   | \$60 ( <b>per poster</b> )               |       |
|                  | Breakfast Sponsorship (check with HAPS office to see if available)  | \$700                                    |       |
|                  | Lunch Sponsorship (check with HAPS office to see if available)  | \$1000                                   |       |
|                  | Snack Break Sponsor (check with HAPS office to see if available)  | \$250                                    |       |
|                  | Advertise in Regional program<br>(check with <a href="mailto:info@hpsconnect.org">info@hpsconnect.org</a> for availability) | Please refer to page 2 for fee structure |       |
|                  | Door prize donation   |  |       |
| <b>TOTAL DUE</b> |   |  |       |

**Exhibitor Staff Registration**

1<sup>st</sup> table purchase includes registration for 2 staff members. Additional table purchase includes registration for 1 staff member per table. Extra staff registration without the purchase of an additional table is a fee of \$50 per staff member.

| Name of Exhibit Staff Member(s) | Name of Exhibit Staff Member(s) |
|---------------------------------|---------------------------------|
|                                 |                                 |
|                                 |                                 |
|                                 |                                 |

**Place your advertisement in the Regional Program**

- Ads may be sent to [info@hapsconnect.org](mailto:info@hapsconnect.org)
- Deadline to submit an ad for the book is March 1, 2019.

**Company** \_\_\_\_\_

**Contact Name** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Phone** \_\_\_\_\_

**FAX** \_\_\_\_\_

| <b>Ad Specification Sheet<br/>Black &amp; White</b> | <b>Price</b> |
|---|--------------|
| Full size   | \$150        |
| ½ page  | \$75         |
| Artwork enclosed      please circle    yes / no     |              |
| Artwork to follow      please circle    yes / no    |              |
| <b>Special Instructions:</b>                        |              |

**Specifications & Requirements:**

Final trim size – 8 x 10.5  
All text at least 1/2 inch from edge  
Standard ad space (W x H)  
½ page – 7.5 x 5  
Full page – 7.5 x 10

**Electronic Formats:**

.pdf – high resolution  
.jpeg files  
.eps files  
Photoshop .psd  
Illustrator .ai

Include **all** fonts and linked artwork.

If received artwork is not one of the above electronic formats, there may be additional charges. HAPS reserves the right to reject any advertising considered non-conforming to HAPS standards. **Terms:** No agency discounts given on quoted rates. All rates are payable at time of ad placement. **Priority Placement:** All ads will be placed on a “first come/first serve” basis. **Cancellation/ Refunds:** Orders may be cancelled and refunds will be given till the reservation date. Cancellations after that time will not be eligible for refunds.

**2019 HAPS Southern Regional Meeting  
Exhibitor Application & Contract**

Applications may be faxed (706-883-8215), sent as an email attachment to [info@hpsconnect.org](mailto:info@hpsconnect.org)  
**If paying by check**, please mail application and check to the address below.

Human Anatomy and Physiology Society (HAPS)  
251 S. L. White Blvd.  
LaGrange, GA 30241

This information will only be used for the Human Anatomy & Physiology Society. For your convenience; we will use this authorization to charge your credit card account (if not paying by check). We will advise you, prior to charging card, of any unpaid balances at the conference or any additional amounts incurred at the show-site by your representative(s). This information is confidential.

Check type of credit card:     MasterCard     Visa     American Express     Discover

Credit Card Number

Expiration Date

CVV

Company Name

Cardholder's Name

Cardholder's Billing Address

City, State/Province

Zip/Country

Signature

By signing below, I authorize the Human Anatomy and Physiology Society to charge the card above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_