

Kentucky HPV Summit Sponsor Form
June 21, 2016 – Embassy Suites, Lexington, KY

Official Name of Company (as will appear on conference materials): _____

Contact Name/Title: _____

Address: _____

Phone: _____

Cell: _____

Email: _____

For Profit – \$500+

- 2 Complimentary Staff Conference Registrations (includes meals and breaks)**
- 1 Kentucky Rural Health Association individual membership
- Complimentary exhibit space
- Complimentary half page promotion in program
- Promotion as sponsor during conference

Non-Profit - \$150

- 2 Complimentary Staff Conference Registrations (includes meals and breaks)**
- 1 Kentucky Rural Health Association individual membership
- Complimentary exhibit space
- Complimentary quarter page promotion in program
- Promotion as sponsor during conference

** Please note - Additional booth staff will need to register for the conference at \$40 per person.

For questions please contact Missy Eastman at 502-564-4478 ext 4254 or email: Melissa.Eastman@ky.gov

Please note: Payment and Form must be received by Wednesday, June 1st, 2016. Please email a copy of your company logo to krha@twc.com

Please mail a check to:

Kentucky Rural Health Association
36 South Alvasia Street
Henderson, KY 42420

Phone: 270-577-1707, Email: krha@twc.com



Kentucky Public Health
Prevent. Promote. Protect.

(Checks should be made payable to Kentucky Rural Health Association)

To pay by credit card please Contact Tina McCormick at (270) 577-1707 or krha@twc.com