



2014 5th Annual WMR Conference Exhibitor's Form

Contact Information

Name: _____ Phone: _____
Address: _____ Apt./Suite: _____
City/State: _____ Zip: _____
Email: _____

Exhibitor Pricing

- ☐ **WMR Site Exhibitor** - Includes 8' table in exhibitor's space with at least one paid registration. Additional exhibitors must also register for the conference to participate in workshops, activities, and meals.
- ☐ **Exhibitor** – cost is \$100.00 (can be paid through goods or services). Includes 8' table in exhibitor's space. Exhibitor(s) must be paid registrants of the conference to participate in workshops, activities, and meals.
- ☐ **Exhibitor and Full Participant** - \$350.00 (includes 8' table in exhibitor's space, conference registration, overnight accommodations, and meals).

**Note Presenters at the conference received 50% discount on registration

Program Advertisement

Deadline for Ads is May 2, 2014

Available Sizes: (Check one)

- ☐ Business Card (2"x4).....\$50
☐ Half Page (6"x5").....\$75
☐ Full Page (8"x10").....\$100

Please attach business card or email advertisement to dallen@wmroho.org

Payment: A check or money order, made payable to Southeast, Inc., must accompany this form.

Method of Payment:

☐ Cash ☐ Check

Mail Responses and Donations to: **Wellness Management & Recovery CCOE**
16 W. Long St., Suite 340
Columbus, OH 43215

For questions, please contact Durrie Allen, WMR CCOE at 614-225-0980 ext. 1332 or by email at dallen@wmroho.org.

