

Invitation to Exhibit at the 25th Annual Coordinated School Health Conference November 30 – December 2, 2017, Lodge of Four Seasons, Lake Ozark, Missouri

Another year has passed, and it is time to start planning for the **2017 Coordinated School Health Conference**. This year's theme is "**Whole School, Community, Child**". The conference sponsored by the Missouri Coordinated School Health Coalition anticipates approximately 200-250 participants. Participants will include teachers, school nurses, counselors, social workers, physical educators, school food service staff, wellness coordinators, community and public health partners and parents.

In response to last years exhibitors' evaluations we have set the following exhibit schedule: Exhibits are scheduled 5:00-7:00 p.m. on Thursday, November 30th and again during breakfast and lunch. This will also be the site of light refreshments for everyone registered for the conference. Please let us know if you have a preferred location (inside the exhibit hall or in the foyer) as we will try to accommodate your preference. It is, however, based on a first come (paid space), first served basis. **You will be able to set up your exhibit between 1:00 and 4:30 p.m. on Thursday, November 30th.**

The fee for exhibitors is \$200.00 (non-profit) or \$300.00 (for profit) per exhibit table. Tables will be skirted with two chairs and an identification sign. One (1) breakfast ticket for Friday is included in your exhibit fee. Additional meals may be purchased at \$35.00 for each additional person, if desired. Please indicate on the registration form if you are purchasing additional meals. If you need electrical outlets (\$35) or any additional equipment for your exhibit, or internet access (free wireless WiFi in exhibit hall), please indicate those needs on your registration. **Payment and registration can now be done on-line at:**

<http://www.healthykidsmo.org/conferences/exhibitor.php>

In addition to exhibiting, there are many sponsorship opportunities available for your consideration. We are also seeking donations for door prizes to be given to conference attendees at the conclusion of the conference.

You are responsible for your own lodging arrangements. Overnight room reservations must be made directly with Lodge of the Four Seasons (888-265-5500). Specify that you are attending the Coordinated School Health Conference in order to receive the conference rate of \$107 for single or double occupancy.

Also, for those exhibitors wanting to attend the conference as a participant, there is a reduced price of \$95.00 for conference registration fee.

If you need further information, please contact Linda at Neumann.linda60@gmail.com or phone number 314 961-1043.

25th Annual Coordinated School Health Conference Sponsorship Form

Company Name: _____
Organization Address: _____
City/State/Zip: _____
Daytime Phone Number: _____ Email address: _____
Contact Name / Title: _____

Levels of Sponsorship

Platinum - \$1,500 Includes:

- Special recognition ribbon for badge
- Certificate of thanks at exhibitor table
- Mention of co-sponsorship of conference in final program
- Announcement during lunch
- Free exhibit table and conference registration for one person

Gold - \$500 Includes:

- Special recognition ribbon for badge
- Certificate of thanks at exhibitor table
- Mention of co-sponsorship of conference in final program

Silver - \$ 250 Includes:

- Special recognition ribbon for badge
- Certificate of thanks at exhibitor table
- Signage at the conference & in final program as event sponsor

Bronze - \$ 100 Includes:

- Special recognition ribbon for badge
- Signage at the conference & in final program as event sponsor

To become a **2017 MCSHC Conference Sponsor** – Registration and payment can be made on-line at: <http://www.healthykidsmo.org/conferences/exhibitor.php> or

Make check payable to: **MCHSC, P.O. Box 104893, Jefferson City, MO 65110**

**Missouri's 25th Annual Coordinated School Health Conference
November 30 – December 2, 2017**

Non-Profit Exhibitor Registration Form

Company Name: _____
Organization Address: _____
City/State/Zip: _____

Representative(s) of Company:

Name: _____ Telephone Number: _____
Email address: _____

Name: _____ Telephone Number: _____
Email address: _____
Address (if different from above): _____

I want _____ table(s) x \$200 = \$ _____
I would prefer to be located: _____ inside the Ballroom _____ in the foyer

I additional meal tickets _____ person x \$35 = \$ _____

Note: Exhibitors needing electricity outlets or any additional equipment will be responsible for the additional expense involved. I need electricity (\$35) _____ internet access _____

I would like to donate a Door Prize: Yes _____ No _____

Description

Co-Sponsorship:

I would like to co-sponsor at the Platinum level (\$1,500) _____

I would like to co-sponsor at the Gold level (\$500) / Special Gold (\$600) _____

I would like to co-sponsor at the Silver level (\$250) _____

I would like to co-sponsor at the Bronze level (\$100) _____

**Please refer to the sponsorship page for a description of the benefits of co-sponsorship*

Method of Payment: Checks/Credit Card enclosed, please find our check for \$ _____

Make check payable to: **Missouri Coordinated School Health (MCSHC)**
P.O. Box 104893
Jefferson City, MO 65110

To make payment on-line go to:

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