

CAREER FAIR EXHIBITOR APPLICATION 2013

Company: Print name of exhibiting compo	any exactly as it s	hould appear on ID sign (space limited)	Contact Person:			
Address:			City:	State:	Zip:	
Phone:	Ext.	Fax:	Email:			
If using an advertising agency, please provide contact information in the space below:		(PLEASE PRINT - Packet will be emailed to above email address)				
Agency Contact Person:			Agency Contact Phone:			

Agenc	y Contact	Email:
/ .goile	,	

Booth Package includes:

CHECK LOCATIONS:

LOCATION

\$100 off Early Bird

Discount*

Enter Total S

Event Rate

DATE

of

booths

Electricity

@ \$100

Enter Total S

Extra Mea

Tix. @ \$50

per persor

Total Rate

per Event

- Draped and carpeted booth space (in most locations)
- One 6 ft. draped table and two chairs
- One standard booth ID sign
- Two meal tickets/exhibitor lounge passes for breakfast and lunch (in most locations)

(Additional passes are \$50 each. Electricity \$100 per plug, per event. Parking is not included.)

*Earlybird Discount: Application must be received 30 days prior to event

Booths must be reserved by ONE of the following:

Check or Money Order (Entire payment) If paying by check, send a copy of application with check payable to:

Gannett Healthcare Group Attn: Career Fair Payments P.O. Box 33130 Newark, NJ 07188

Purchase Order (Please attach IO/PO)

Advertising Agency Insertion

Order #			
🗍 Credit Card	() VISA	() MC	() AMEX
Card #			
Exp. Date	_Name on card_		

NOTES & CANCELLATION POLICY: Exhibit space/sponsorship cancellations 30 days before the event are subject to a 25% charge. No refunds will be given for cancellations made less than 30 days before the event. In case of exhibit space cancellation, payment may not be assigned to future events. Gannett Healthcare Group can cancel this offer at any time or refuse any exhibitor they deem inappropriate. All submissions are subject to review. Gannett Healthcare Group retains sole discretion as to what products and services are deemed appropriate for our audience. I agree to the above terms.

Signature

Printed Name

Sianature

Date

If you DO NOT receive a booth assignment and an exhibitor information packet via email two weeks prior to the event, please contact us IMMEDIATELY.

GANNETT Healthcare Group

for Early Bird Discount.

CALIFORNIA				Total	Total	Total	
Los Angeles	March 21	\$2,895		\$	\$	\$	\$
San Diego	July 12	\$2,695		\$	\$	\$	\$
Universal City	Aug. 22	\$2,895		\$	\$	\$	\$
Pasadena	Nov. 5	\$2,895		\$	\$	\$	\$
FLORIDA							
Tampa	Sep. 9	\$1,495		\$	\$	\$	\$
Fort Lauderdale	Oct. 16	\$1,495		\$	\$	\$	\$
ILLINOIS							
Chicago (Spring)	April 9	\$1,895		\$	\$	\$	\$
Chicago (Fall)	Oct. 1	\$1,895		\$	\$	\$	\$
MARYLAND/DC AREA							
Greenbelt (DC)	April 3	\$1,495		\$	\$	\$	\$
Baltimore (MD)	Oct. 9	\$1,495		\$	\$	\$	\$
NEW JERSEY							
Teaneck	April 24	\$1,495		\$	\$	\$	\$
Edison	Sep. 27	\$1,495		\$	\$	\$	\$
NEW YORK							
Melville	March 13	\$1,495		\$	\$	\$	\$
New York	Nov. 14	\$1,895		\$	\$	\$	\$
PENNSYLVANIA							
Philadelphia	April 16	\$1,495		\$	\$	\$	\$
WASHINGTON							
Seattle	Oct. 29	\$2,195		\$	\$	\$	\$
*Application must be re for Early Bird Discount.	Application must be recieved 30 days prior to event to qualify for Early Bird Discount.						

SUBMIT YOUR APPLICATION

Email: ankhan@gannett.com OR Fax: (972) 488-0091 Application must be received in order to reserve booth space. For more information, call (800) 868-8944, ext. 5