



Exhibit Space Application American Mental Health Counselors Association

Annual Conference & Exhibition
The Parc 55 Wyndham
San Francisco Union Square
Show Dates: July 14-16, 2011

Exhibitor Information: Please provide the following organization information exactly as you would like it to appear in the conference program and on your exhibit sign.
(To complete this form, "tab" between fields.)

Organization Name: _____

Address: _____

City, State, Zip: _____

Main Phone: _____ Web Site: _____

Fax: _____ Email (i.e., sales@xx.com): _____

Description of Product or Service: AMHCA reserves the right to determine eligibility of any company or product to participate in the show. To help us determine your eligibility, please describe the product or service you will be exhibiting.

Exhibit Contact: _____ **Email:** _____

Booth Selection: Exhibitors will select booths in the order their application and payment are received, with priority placement given to Sponsors.

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_____ **Booth(s)** Each booth includes one draped 6' table, two chairs, two exhibit personnel badges, and a listing in the program. (On or before February 18, 2011: \$795 each/After February 18, 2011: \$895 each) *Exhibitors are invited to join the following conference events: Welcome Reception, Continental Breakfasts, and all Breaks.*

Payment Amount: \$ _____

Payment Type: Check (Payable to AMHCA) Visa/MasterCard American Express Discover

Credit Card #: _____ Exp. Date: _____

Card holder name: _____

Card holder billing address: _____

City, State Zip: _____ Email (for Receipt): _____

Questions?
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