

# EXHIBITORS INVITATION

## Bridges to Independence

October 09, 2009



CHILDREN'S  
HEALTH SYSTEM®



SPINA BIFIDA ASSOCIATION  
OF ALABAMA

The Children's Hospital of Alabama and the Spina Bifida Association of Alabama invite you to be an exhibitor at our upcoming Spina Bifida learning conference on October 09, 2009. The one day program will include information on education, transition, and independence. We are planning for 250 attendees who will include families affected by Spina Bifida, individuals with Spina Bifida as well as medical professionals, educators, vendors, and state employees. If you are interested in being a vendor at our event, we encourage you to apply as soon as possible. Space is limited to seven vendors and will be confirmed only after full payment is received.

**Conference Site:** Bradley Lecture Center located on the 4<sup>th</sup> floor of Children's Harbor at the Children's Hospital

**Date & Time:** October 09, 2009 8:00 am – 4:00 pm

**Exhibit Space Fee:** For-profit Company \$300.00. We will not charge non-profit companies. The space fee will include one 6 Ft. by 3 Ft. covered table, chairs, and two box lunches (additional box lunches may be purchased for \$8.00/box) no electrical outlet will be available. Exhibitor space will be centrally located immediately off elevators.

**Deadline for Application:** September 15, 2009

**Conference Schedule Friday, October 09, 2009:**

7:00 a.m. - 8:00 a.m.	Exhibitor Set-up
8:00 a.m.	Exhibits Open
11:45 a.m. - 12:15 p.m.	Lunch
4:00 p.m. - 5:00 p.m.	Exhibitor Tear-down

Thank you for your interest. We sincerely appreciate your willingness to support our mission and would like to recognize you in our next newsletter. If you would like, you may submit your company logo to: [angie.pate@gmail.com](mailto:angie.pate@gmail.com)

**For additional information contact:** Betsy Hopson @ 205-939-5281 or at [betsy.hopson@chsys.org](mailto:betsy.hopson@chsys.org); or Angie Pate @ 256-617-1414

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## **EXHIBITORS APPLICATION**

Exhibit Space Fee (check):

\_\_\_\_\_ Non-profit companies \$0

\_\_\_\_\_ For-profit companies \$300.00

Exhibitors Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Please enclose a brief description of your company for our program book.

Please make check payable to: The Spina Bifida Association of Alabama and mail along with this completed application to:

The Children's Hospital  
Attn: Betsy Hopson  
1600 7<sup>th</sup> Ave South Suite ACC 400  
Birmingham, AL 35233

Deadline for applications: **September 15, 2009**