

FOR HEALTH CONCERNS STAFF USE ONLY

Date _____

Customer ID _____

SO# _____

Sponsor/Booth Registration Form

Contact Information

Registered as: Sponsor | Practitioner | Speaker | School

Name _____ Org./Co. Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Registration

Day 1 – Saturday, September 12, 2015 | Day 2 – Sunday, September 13

Fee Type		
Booth Sponsor <i>(Fee includes both days)</i>		<input type="checkbox"/> \$500
Special Hosted Reception Sponsor		<input type="checkbox"/> \$250
Thank You Email Sponsor		<input type="checkbox"/> \$250
Lunch with Andrew Gaeddert		<input type="checkbox"/> \$250
SWAG, Gift Bag, or Lanyard Sponsor		<input type="checkbox"/> \$250
Additional Guest (no fee) Name:		<input type="checkbox"/> \$0
Reception (Sat., Sept. 12) Please RSVP by checking box if attending	<i>How Many?</i>	<input type="checkbox"/> \$0

Total: _____

Payment Type

Visa MC AMEX DISCOVER

Card No. _____ EXP DATE _____

Checks: Please make checks payable to: **Health Concerns** 8001 Capwell Drive, Oakland, CA 94621