

Exhibit Setup Saturday: 9:00 a.m. - 5:00 p.m. Sunday: 8:00 a.m. - 10:00 a.m.

<u>MAHO Expo</u> Sunday: 10:30 a.m. - 4:30 p.m.

Hilton Columbus At Easton 3900 Chagrin Drive Columbus, Ohio 43219 Tel: 1-614-414-5000 Fax: 1-614-414-5100 Group Code: MAH

MAHO EXPO Sponsorship Forms (digital)

~ We respectfully request that ALL forms be used as guidelines to complete information requests.

~ Unless you are using a digital form we appreciate all submissions be typed directly into an email response to (diane@maho4health.org). This will prevent misinterpretation of data or errors in recreating your company submission.

Thank you!

This Packet Contains:

- * Retail Bag Samples + Retail Travel Sponsor Form
- * Sponsorship Form

REMINDERS:

* All sponsorships are advertised on an individually designated page in the MAHO Expo Show Directory & Resource Guide. They are additionally advertised in your company listing (FREE) but the information must be submitted before the posted deadline.

* All sponsorships of \$2500 - \$5000 are eligible for a free 1/2 Ad in the MAHO Expo Show Directory & Resource Guide. Anything above \$5000 is a free full page Ad.

* All companies are responsible for submitting their ad (within the guidelines below) before the deadline - 5/15.

* Shipping address: MAHO • 7219 Sawmill Rd. Ste. 105-A • Dublin, Ohio 43016

- 🕼 All Ad Copy (Color Or Black And White Jpeg) Should Be No Less Than 300 dpi @ size
- 🔊 (Full Size Ad Should Be 4.5" Wide x 7.5" High)
- 🔊 (1/2 page Ad Should Be 4.5" Wide x 4" High)
- Please submit an Ad with NO guide marks
- Deadline For All Ad Copy Submissions Is 5/15

Return to MAHO • 7219 Sawmill Rd. Ste. 105-A • Dublin, Ohio 43016 Phone: 614/798-1117 • 800/795-6246 • Fax: 614/798-1118 Email: <u>Diane@maho4health.org</u> • <u>Marcy@maho4health.org</u> Website: www.maho4health.org



Retail Bag Samples + Retail Travel Sponsor Form PLEASE TYPE OR PRINT CLEARLY

our Company Name			
Show Contact:	Phone:	Email:	
* Your company name * Your company name * Your company will be	and logo will be listed in the Show and logo will be listed on the Spo mentioned at the Annual Busines to be advertised, please include with this * .jpeg of the sponsoring company logo * High resolution sponsoring company	v Directory as a sponsor of th nsorship Sign at the Show as Meeting	
* This Form Should Be Sub * All Items Must Be Rec	d A Minimum Of <u><i>300</i></u> Sample Prode mitted No Later Than 5/15 To Be Inclu eived In The Office No Later Than Multiple Items Can Be Bagged To F	ded In Your Show Directory Listin 6/1	g
* Magazines Or Printed	Material / Storage is limited! All p	rinted material should arrive	between <mark>6/24-7</mark> /
	ill Be Donated To The Region To Be Pl Please Print Item(s) Name C	Tearly	
Retail Travel Sponsor			
* This is your opportunity registered retailer's roo * These retailer recipients store that might not hav	to provide gas card(s) and/or cash s	pective customer with your com ciation event.	
	ogram: (Room Rebates will give		
\$500/10 R	ebates \$1000/20 I	Rebates \$1500	/30 Rebates
□ Gas Cards:	_\$50.00 Gas Card = AN	ND/OR\$100.00 Gas	Card =
Notes/Comments			
Pho	to MAHO • 7219 Sawmill Rd. Ste. 105- one: 614/798-1117 • 800/795-6246 • Email: <u>diane@maho4health.org</u> • <u>marcyr</u> Website: www.maho4health	Fax: 614/798-1118	AMERICAN HEALTH

Sponsorship Form PLEASE TYPE OR PRINT CLEARLY



