

# 6th Annual Health Literacy Conference Exhibitor / Sponsor Commitment Form

Company/Organization Name: \_\_\_\_\_

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Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

## Sponsor Level:

Gold \$2,500

Bronze \$1,000

Silver \$1,500

Exhibitor – Non-Profit \$125

Exhibitor – For-Profit \$500

Electrical power needed \*

## Name(s) of person(s) who will receive complimentary registration:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ (Silver or above)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ (Gold or Platinum)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ (Platinum only)

## Please give a brief description of your exhibition materials:

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Please make checks or money orders payable to: The Health Collaborative

Mail to: Health Literacy Conference  
c/o The Health Collaborative  
816 Camaron Street, Suite 2.09  
San Antonio, TX 78212