

“Our Lives, Our Stories”
African American Women’s Health Conference
Saturday, August 17, 2024
Shawnee Community College, Ullin, IL
Sponsorship/Vendor/ Exhibitor Form

Please print and complete this form by **August 1, 2024**; mail to Legacy Training, Inc. – PO Box 52, Grand Chain, IL 62941 or email to: legacytrain23@gmail.com

Contact Information

Name: _____

Business name: _____

Address: _____ City: _____ State/Zip: _____

Phone: _____ Email Address: _____

Website: _____ Facebook page _____ Other: _____

Sponsorship – Ad in Conference Book

Ad size: _____ 1/4 page \$30 _____ 1/2 page \$60 _____ Whole page \$120

Please make check payable to “Legacy Training, Inc.”

Please check: _____ Camera ready ad may be emailed to legacytrain23@gmail.com

_____ Business card may be attached

_____ Ad may be created using contact information above.

Vendor or Exhibitor -Please return form with \$30 exhibitor fee which includes one 6 or 8 ft. rectangular table and two chairs (\$5 for each additional table)

Request: _____ 8’ rectangular tables _____ 6’ foot table _____ # chairs

Notes for Vendors/Exhibitors

1. Electricity will be provided upon request.
2. All exhibits must be set up by 7:30 a.m. *and manned* between 8 a.m. – 10 a.m. (may leave up the entire day) and broken down by 4:30 p.m.
3. Displays must be confined to booth space
4. Legacy Training, Inc., sponsors, staff, employee, volunteers or anyone affiliated with this event is not responsible for lost or stolen items.

Donations

- _____ I would like to donate 130 items to be placed in the Conference Gift Bags for Participants.
- _____ I would like to donate items that can be used as Door prizes

*Please insure all donations are mailed, shipped, or otherwise delivered to Legacy Training, Inc.
PO Box 52, Grand Chain, IL 62941 by August 10, 2024.
Door prizes may also be delivered on-site.*