



**Southeastern Symposium on Mental Health
 #MindsMatter! Mental health Across the Lifespan: Ending Stigma through Research, Education,
 and Practice.
 Greenville Health System Department of Psychiatry**

EXHIBITOR AGREEMENT FORM

Company Name (please print exactly the way it should appear in the brochure):

Primary Company Representative:

Address _____

City _____ State _____ Zip code _____ Phone _____

E-mail Address _____

Please list other representatives that may be attending:

Exhibitor Options

Exhibit Booth/Table Description- Please check one:

_____ 10 x 10 Premium Booth with Pipe and Drape and a 6' table with 4 chairs. The Prime Booths will be located in the highest traffic areas and nearest to the break beverages. - (\$5,000)

_____ 8 x 8 Booth with Pipe and Drape and 6' table with 2 chairs - (\$3,500.00)

_____ Table space (6') – Hallway table placed against wall area with 2 chairs - (\$2,500).

Payment method for exhibit space (Please check one):

**GHS Department of Psychiatry Southeastern Symposium on Mental Health
 Attn: Ms. Christine Marsh
 Southeastern Symposium on Mental Health
 P. O. Box 8563
 Greenville, SC 29604**

_____ **Payment-in-full enclosed**

_____ Will call with Credit Card Information: (Please call 864-455-7808)
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Statement of Purpose: This program is for scientific and educational purposes only and will not promote the company's products, directly or indirectly.

Control of Content: Sponsor (GHS) is responsible for control of content and selection of presenters and moderators. The Company and its agents agree not to direct the content of the program in any way or to influence any speakers regarding content of their lectures. Company Representatives will be allowed to attend lectures in the back of the room but are not allowed to wear name badges or ask question.

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➤ I have read, understand, and agree with the above statements and the attached "Exhibitor Policies" for Southeastern Symposium on Mental Health. **(Please sign below.)**

X _____ **Company Representative Signature**

X _____
Please Print Name (Signed Above)

X _____
Company Name

X _____
Date