

# Texas Society for Public Health Education

Conference – October 6, 2017  
**Exhibitor Invitation**

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Dear Sir/Madam,

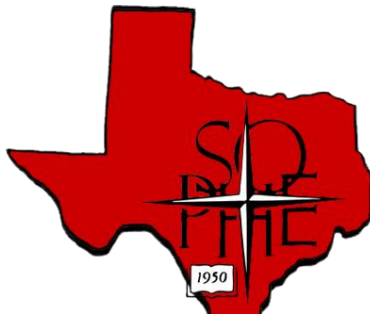
The Texas Society for Public Health Education's Annual Conference will be held on October 5 & 6, 2017 at the Paul L. Foster Campus for Business and Innovation on the campus of Baylor University in Waco, Texas. The theme of this year's conference is "Advancing Population Health through Diversity, Innovation, and Collaboration." The purpose of this conference is to promote evidence-based programs and strategies that are effective in improving the health status of Texans. We hope to provide our participants with an opportunity to broaden their knowledge and skills in health education through interactive workshops, panels and poster presentations.

This year, between 100-200 health educators and other health professionals will attend the conference. We are inviting your group to participate and become involved in this important event by becoming a vendor or an exhibitor. The cost of the booth is \$150 and will include one (6') table, 2 chairs, one conference registration and a meal. A \$50 charge will be assessed for additional representatives for your booth. To help us plan, please complete the attached application. We would appreciate your response by **Monday, September 25, 2017**. You may also visit [www.txsophe.org](http://www.txsophe.org) for additional information regarding our organization and events.

For any additional exhibit needs, please email Dr. Jasmine Opusunju at [jasmine.j.opusunju@gmail.com](mailto:jasmine.j.opusunju@gmail.com).

Sincerely,

Jasmine J. Opusunju, DrPH, MEd, CHES, CPH  
President



## Exhibitor/Vendor Application

Application Deadline: **Monday, September 25, 2017 by 5:00 p.m. (CST)**

**(Please PRINT clearly)**

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Vendor/Representative Name/Title: \_\_\_\_\_

Additional Representative(s) Name/Title: \_\_\_\_\_

Products/Services:  Academic Institution  Promotional Products  
 Training/Consulting Services  Other

Full payment must accompany application. **NO REFUNDS** if the space is cancelled. **NO REFUNDS FOR NO SHOWS.** *In the event that TSOPHE cancels the conference, **only** the Exhibitor's conference fees will be reimbursed. TSOPHE is not responsible for refunding any other type of expenses such as hotel and/or car rental expenses.* Booth assignments are final. This application signifies agreement to these terms.

Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date: \_\_\_\_\_

**\*Make Check or Money Order Payable to TSOPHE and send to:\***

Dr. Jasmine Opusunju  
TSOPHE  
PO Box 814  
Stafford, TX 77497

Acceptance of this application and associated fees by TSOPHE transforms this document into a contract for exhibit space.

For more information contact: Dr. Jasmine Opusunju ♦ [jasmine.jopusunju@gmail.com](mailto:jasmine.jopusunju@gmail.com) ♦ [www.txsope.org](http://www.txsope.org)