

Suicide Prevention Symposium

September 18th and 19th, 2008

Exhibit and Promotion Form

Name: _____

Position/Title: _____

Phone: _____ E-mail: _____

Company/Agency: _____

Address: _____

City: _____ State: _____ ZIP: _____

_____ Yes, my agency will contribute a door prize. OR Yes, I will personally contribute a door prize.

_____ Exhibit table & 1 complimentary conference registration: **\$250**

_____ I am enclosing a tax deductible donation of \$ _____ in honor of / in memory of (please circle one)

Program advertising:

E-mail camera-ready copy to tspn@tspn.org in GIF, JPEG, PDF, or TIFF format.

_____ Full page: 7.5"x9" **\$225** _____ Quarter page: 3.5"x4.5" **\$100**

_____ Half page: 3.75"x9" or 7.5"x4.5" **\$175** _____ Business Card **\$25**

Total charge: _____

Please sign below and fax back to the TSPN central office at (615) 269-5413.

Mail your completed registration and check payable to:

Mental Health Association of Middle Tennessee

2416 21st Avenue South, Suite 201

Nashville, TN 37212

or fax it to (615) 269-5413

Write "TSPN Symposium" on the memo line of the check.

Contact the TSPN central office if you would like to pay by credit card.