



**United States Conference on African Immigrant & Refugee Health**  
September 15-18, 2016  
East Elmhurst, New York

***Thank you for your interest in obtaining an Exhibit Booth at the***

# **United States Conference on African Immigrant & Refugee Health**

**September 15-18, 2016 East Elmhurst, New York**

To request a booth on-line please fill out the form and arrange for payment. You can email direct to [Event.N2N@gmail.com](mailto:Event.N2N@gmail.com) **360-688-9106** for processing support.

Here's how it works:

1. Verify or update the administrative booth sales **contact information** to include your:
  - *Your Contact Name*
  - *Your Organization Name*
  - *Your Organization TYPE = Government, larger NGO over \$200k, smaller NGO under \$200k*
  - *Your Telephone number*
  - *Your Email*
  - *Your Mailing address*
2. Enter the information to be published in the exhibitor directory.
  - *Organization Name*
  - *Telephone number*
  - *Email*
  - *Mailing address*
3. Indicate the amount of booth space you desire = 1, 2, 3 etc.
4. An email confirmation for your submission will be sent via email to the contact information you provide.

**Booth Categories & Prices:**

**\$750 *Government or Corporate*** (federal, state, local, city, tribal) to include booth space, table, and 2 chairs + 1 registration

**\$600 *Non-Profit*** (for NGO's with \$200,000 annual 990 revenue or MORE) to include booth space, table, and 2 chairs + 1 registration

**\$300 *Non-Profit*** (for NGO's LESS than \$200,000 annual 990 revenue) to include booth space, table, and 2 chairs + 1 registration

# BOOTH APPLICATION

**(USCAIH-4)**

**Social Determinants of African Immigrant & Refugee Health:  
Rethinking Integration, Challenges, and Empowerment**

**September 15 - 18, 2016**

**New York City**

*New York LaGuardia Airport Marriott, 102-05 Ditmars Boulevard  
East Elmhurst, NY 11369*

## Organization Details

Be sure to clearly print or type registration badges are printed only from form entries. Photo copies are ok.

ORGANIZATION

CONTACT FIRST NAME  LAST NAME

TITLE  PHONE  FAX

EMAIL

STREET ADDRESS

CITY  STATE  ZIPCODE

COUNTRY (if not US)

## Payment

PAYMENT TYPE

Check  Money Order Amount:

Attach and make payable to N2N & Associates, llc. Identify for: USCAIRH 2016

**Mail payment: N2N & Associates attn: WENDY STEVENS PO Box 14642 Tumwater WA 98511**

Should you choose to pay by Credit Card—contact Event.N2N@gmail.com and an invoice and credit card payment will be processed for you direct.

Account Number  Exp. Date  Today

Card Holder

## Contract Terms

I/we hereby authorize reservation for advertising space for use during The United States Conference on African Immigrant Health DC. The signature below affirms that I/we have carefully read, understood, and agreed to comply with all terms and conditions outlined pertaining to advertising during to 2016 USCAIH.

I/we agree to pay the full advertising rate with this application. It is further my/our understanding that space cannot be assigned without proper payment being rendered.

AUTHORIZED SIGNATURE

DATE: