

**CONTACT INFO: PLEASE USE PRIMARY STAFF MEMBER FOR ALL CONFERENCE RELATED INFORMATION**

|                 |        |        |        |
|-----------------|--------|--------|--------|
| Contact Person: |        | Title: |        |
| Company:        |        |        |        |
| Street Address: |        |        |        |
| City:           | State: | Zip:   | Email: |
| Work Phone:     |        | Fax:   |        |
| Cell Phone:     |        |        |        |

**Exhibit Booth Rates**

- Exhibit Booth: **\$1,750** through June 30, 2016 (**\$100** savings)\*
- Exhibit Booth: **\$1,850** July 1 until full

**\*You must reserve your spot with completed registration form and your payment by 6/30/2016 to take advantage of the \$1,750 Early Bird rate.**

Each exhibitor receives one free conference registration to staff the booth and one additional registration at a reduced price. All attendees, including booth staff, need to register for the conference online. Codes to redeem registration discounts will be given to exhibitors once NEDA receives this completed form.

**Program Advertising**

- \$500 Half Page
- \$1,000 Full Page
- \$2,500 Inside Cover
- \$5,000 Back Cover
- \$200 Take One Table

**TOTAL AMOUNT DUE: \$ \_\_\_\_\_** (please add up all exhibit booths, sponsorships and advertising)

|   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Check # _____ (Made Payable to NEDA) | <input type="checkbox"/> Credit Card |
| Card No.:   | Expiration Date:                     |
| Name on card (Please Print):                                  |                                      |
| Signature:  |                                      |
| Billing Address (If Different From Above):                    |                                      |

**Mail To: National Eating Disorders Association 165 W. 46<sup>th</sup> Street, New York, NY 10036;**  
 Ph.: 212-575-6200; Fax: 212-575-1650