



National Eating Disorders Association

CONTACT INFO: PLEASE USE PRIMARY STAFF MEMBER

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, 2014 (**\$100** savings)
- Exhibit Booth: **\$1,850** July 1 until full
 - *Each exhibitor receives one free conference registration to staff the booth and one additional registration at a reduced price. Codes to redeem these discounts will be given to exhibitors once NEDA has received this completed form.
 - *You must reserve your spot with a completed registration form and payment by 6/30/2014 to take advantage of the \$1,750 Early Bird rate.**

Additional Registrants

A separate conference registration must be completed by each member of the organization. A registration link will be sent to the Primary Registrant once the Exhibit or Sponsorship Form has been received. Pricing options for additional registrants are as follows: 1 additional registrant, for Exhibitors and Sponsors, is \$385. For all other registrants: Early bird rate is \$415, before June 30th; Standard Rate is \$450, July 1st - September 30th; At-the-Door Rate is \$475, October 1st - Day of Conference.
***Attendee rates are subject to change.**

Program Advertising

- \$500** Half Page **\$1,000** Full Page **\$2,500** Inside Cover **\$5,000** Back Cover
- \$250** Take One Table

Sponsorships**

- NEDA Partner – Breakfast Sponsor: **\$3,000**
- Promo Item Sponsor: **\$5,000** through June 30th, 2013, **\$6,000** after July 1st until sold out
- Exclusive Electronic Portal Sponsor: **\$5,000**
- Roundtable Sponsor: **\$5,000**
- NEDA’s Fundraising Event Benefactor: **\$7,500**, Participating Sponsors: **\$3,500**
- Exclusive Hotel Key Card Sponsor: **\$5,000**
- Buddy Program Sponsor: **\$3,000**

**** Please check for availability. All sponsorships at \$5,000 and above include two free conference registrations and one additional registration at a reduced rate!**

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

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

