

**EXHIBIT APPLICATION AND CONTRACT
CONVENTION PACKET STUFFER OPTION
SOUTHERN TIER REGION OF THE
NATIONAL ACADEMY OF HEALTH & PHYSICAL LITERACY
HEALTH & PHYSICAL LITERACY SUMMIT 2023**

Company/Institution Name _____
 Contact Person _____
 Address _____
 City/State/Zip _____ Phone _____
 Email _____

Rental Fees:

Commercial Stuffer \$450.00 (vendors selling or promoting a product)
Non-Profit Stuffer \$400.00 (entities with IRS non-profit status; must provide ID#)
Educational Stuffer \$350.00 (reserved for colleges and universities whose representatives must pay the Summit registration fee)

DIRECTORY LISTING. Please indicate the information as you wish it to appear in the Summit program.

Company/Institution: _____
 Contact person _____
 Address City/State/Zip: _____
 Email: _____
 Phone: _____ Fax: _____
 Description of product(s) or service(s) (25 words or less): _____

In contracting as an exhibitor at the Health & Physical Literacy Summit 2023 the applicant agrees to release, defend, and hold harmless the National Academy of Health and Physical Literacy, the Alabama State Association for Health, Physical Education, Recreation and Dance, any co-sponsors, and the exhibition facility and its agents and employees from and against any and all losses, costs, damages, liability, or expense (including attorney's fees) arising out of or resulting from any accident, bodily injury, property loss or damage, or other occurrences to any person or persons including the exhibitor, its agents, employees, and invitees arising out of or resulting from exhibitor's use and occupancy of the exhibit area at the conference facility or any part thereof. **Before signing**, please be sure to read the rules and regulations printed on the reverse of this form. Signature constitutes acceptance of and agreement with all such rules and regulations.

Total Amount Due \$ _____
 Payment type (circle one): check credit card – **Visa MC Dis AmEx**
 Credit card # _____
 CVV _____ Expiration _____
 Billing address if different from above.

 Authorized Signature _____
 Title _____

FOR OFFICE USE ONLY	
Date Accepted:	_____
Type	Commercial NP Educational
Total Rental Cost due	\$ _____
Total Amount Received	\$ _____
Check Number	_____
Credit card processed	_____
Processed by:	_____

ACCEPTANCE. This application becomes a contract if accepted by NAHPL. A confirmation will be returned to you with any additional instructions.

Make checks payable to NAHPL. Mail this application and payment to:
 HPL Summit 2023 Exhibits c/o Hollie Newnam, 798 Foxhound Drive,
 Port Orange, FL 32128

