



## PA Breast Cancer Coalition Conference

### *Large Business Conference Exhibitor Information*

October 18, 2019 - Harrisburg Hilton

7:30 am - 3:30 pm

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#### **What is the cost to exhibit:**

\$1,500 - Large Business Package (over \$2 million income)

Exhibit space **will not** be confirmed until payment is received.

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#### **What is included:**

- 1 - 6 foot skirted table with 2 chairs
  - 1 electrical and 1 telephone hook-up  
(credit card machines will need to be pre-programmed to dial a 9 to reach an outside line)
  - 4 complimentary registrations for representatives to host their exhibit table and attend the conference including all conference related activities and lunch. Additional registrations are \$35 per person (not to exceed 6) and includes all conference related activities.
  - Full page ad in magazine
  - Listing as an exhibitor on the PBCC website
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#### **Exhibit set-up:**

All exhibits must be contained to their 6-foot space. No exhibit may overflow into an aisle or a booth occupied by another organization. If more space is needed, you must purchase an additional table. Please contact Margaret Clanagan at [Margaret@PABreastCancer.org](mailto:Margaret@PABreastCancer.org) for information. Tables will be available for set-up beginning at 5:30 am on October 18. Spaces will be distributed on a first-come, first-served basis but will not be confirmed until payment is received.

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#### **Exhibitor Meals:**

Lunch for 4 representatives is included with your exhibitor fee. Each representative may choose either a boxed lunch at the table or a seat in the main ballroom for our Pink Ribbon Awards Luncheon.

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#### **Selling:**

To assist you in maximizing your investment, exhibitors are permitted to sell their products/services in the exhibit area. The PBCC is not responsible for any exchange of checks, credit cards or cash for a product or service. PBCC requires exhibitors to engage in a "soft sell" approach. "Hard sale tactics" are not permitted. If you are using a credit card machine that requires a telephone line, please be sure your machine is pre-programmed to dial a 9 to reach an outside line.

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#### **Accommodations:**

PBCC has secured a room block with the Hilton Harrisburg for the night of October 17, 2019 at a discounted rate of \$147.00 (plus tax). All reservations must be made directly with the hotel by Sept 26, 2019. A limited number of rooms are available on a first-come, first-served basis. Reservations made after this date will be based on hotel availability and are not guaranteed the discounted rate. Hilton Harrisburg, One North Second Street, Harrisburg, PA 17101. Reservations: 717-233-6000 Block Code: CANCB

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#### **Giveaways, Raffles & Drawings:**

All exhibitor giveaways, raffles and/or drawings are the responsibility of each exhibitor and not the responsibility of the PBCC. Vendors are responsible for conducting raffles from their tables only and for drawing and distributing prizes to the winners. PBCC will not provide materials for the raffles and will not announce winners' names.

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#### **Registration packets:**

Organization representatives may pick up their registration packets the morning of the conference beginning at 5:30 am in the main registration area. Please look for the registration booth labeled "Exhibitors and Volunteers".

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**Questions?** Contact Margaret Clanagan, Conference Coordinator, 717-769-2302 or [Margaret@PABreastCancer.org](mailto:Margaret@PABreastCancer.org)

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#### **Where do I send my completed application?**

PA Breast Cancer Coalition, Attention: Exhibitor Applications

2397 Quentin Road, Lebanon, PA 17042

Fax: 717-769-2131

E-Mail: [Margaret@PABreastCancer.org](mailto:Margaret@PABreastCancer.org)



Finding a cure now...  
so our daughters won't have to.

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### Exhibitor Information

Company Name: \_\_\_\_\_

Contact Person & Title \_\_\_\_\_

Company Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Description of company  
or products \_\_\_\_\_

### Payment

Cost:	Qty:	Total:	Method of Payment:
Exhibit table	_____ @ \$1,500/ea	_____	_____ check enclosed
Additional attendees (4 included)	_____ @ \$35/ea	_____	_____ bill my credit card
		_____	_____ send invoice to address above
	<b>TOTAL DUE:</b>	_____	Card #: _____
			Exp. Date: _____ (MM/DD/YYYY)
			Security Code: _____

*Space will NOT be confirmed until payment is received*

### Onsite Representative Information

First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
E-Mail: _____	E-Mail: _____
Phone: _____	Phone: _____
Select One: _____ Boxed Lunch    _____ Seat in Ballroom	Select One: _____ Boxed Lunch    _____ Seat in Ballroom
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
E-Mail: _____	E-Mail: _____
Phone: _____	Phone: _____
Select One: _____ Boxed Lunch    _____ Seat in Ballroom	Select One: _____ Boxed Lunch    _____ Seat in Ballroom

Please return your completed application to:  
PA Breast Cancer Coalition, Exhibitor Applications, 2397 Quentin Road, Lebanon, PA 17042  
Phone: 717-769-2302 Toll-Free: 800-377-8828

**PLEASE NOTE: ONLY ANIMALS ACTIVELY ASSISTING A CONFERENCE PARTICIPANT ARE PERMITTED.**

*In an effort to provide a diverse lineup of exhibitors, conference management reserves the right to limit similar product offerings and services. The PBCC reserves the right to decline the application of companies whose products are not in keeping with the conference environment.*