

Southwest Regional Integrated Behavioral Health Conference

Building Clinical Excellence for Mental Health and Drug and Alcohol Professionals

September 8 & 9, 2010 • The Crowne Plaza Hotel, San Diego, CA

Advertise to Maximize

- Two days of exposure for the price of one
- Reach 500+ attendees from throughout the Regional Southwest
- Schmooze with physicians, therapists and other healthcare professionals

"In the Middle of Things" Advertiser - 2 Opportunities Available (Wed & Thur)	
Recognized as the centerpiece advertiser. Includes unique centerpiece and individual table signage.	\$1,000

"Rise and Shine" Advertiser	
Recognized as a breakfast advertiser. Includes individual table signage.	\$800

"Mid-Day Munchies" Advertiser	
Advertise with an afternoon snack. Includes snack table signage.	\$500

"Splash of Color" Advertiser	
Opportunity to place one color flyer/brochure inside conference bags. Item must be printed and delivered to MHS no later than August 31, 2010	\$250

"In the Bag" Advertiser	
Individual contribution to be placed inside conference goody bags. Item must be printed and delivered to MHS no later than August 31, 2010. Contact Erin Scally with questions: escally@mhsinc.org	\$150

Advertise in Our Event Program	
Full Page Black and White (7.5" wide x 10" high)	\$200
Half Page Black and White (7.5" wide x 4.875" high)	\$125
Quarter Page Black and White (3.625" wide x 4.875" high)	\$75
Business Card in Black and White (3.625" wide x 2.3125" high)	\$50

All ads need to be emailed as camera-ready artwork, 300 dpi to csmith@mhsinc.org. Preferred file format: high resolution PDF. Acceptable file formats: TIF, JPEG, EPS. Ads should conform to sizes listed above. Ad space will only be reserved after payment is received. Submission deadline is August 23, 2010. For more information, contact Christian Smith at csmith@mhsinc.org or call 858-573-2600 x1720

Questions? Call 858-573-2600 X 1700 • Exhibitor and Sponsorship opportunities available

Event Sponsors

<p>Diamond Level</p>  <p>TheZenith WORKERS' COMPENSATION SPECIALISTS</p>	<p>Gold Level</p>  <p>posicomm Your Guide. Ours.™</p>	<p>Silver Level</p>  <p>BARNEY & BARNEY The California Endowment</p>	<p>Bronze Level</p>  <p>Job Options, Inc.</p>	 <p>MLIA</p>	 <p>SHARP Behavioral Health Services</p>	 <p>McAfee</p>
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Register TODAY! Visit www.mhsinc.org/calendar

Southwest Regional Integrated Behavioral Health Conference

Advertiser Contract

Yes! We are happy to advertise with Mental Health Systems, Inc. at this level:

- | | | |
|---|--|---|
| <input type="checkbox"/> In The Middle Of Things: \$1,000 | <input type="checkbox"/> Rise & Shine: \$800 | <input type="checkbox"/> Mid Day Muchies: \$500 |
| <input type="checkbox"/> Splash Of Color: \$2,500 | <input type="checkbox"/> In The Bag: \$150 | |

Program Advertising

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Full Page: \$200 | <input type="checkbox"/> Half Page: \$125 | <input type="checkbox"/> Quater Page: \$75 | <input type="checkbox"/> Business Card: \$50 |
| <input type="checkbox"/> Payment Enclosed | | <input type="checkbox"/> Credit Card Payment | |

INFORMATION	
Organization's Name:	
Contact Person @ org:	
Billing Address:	
City, State Zip Code:	
Day Phone:	
Fax:	
E-mail:	
(Non-Profits) Federal Tax I.D. #:	
Print name exactly as it should appear on all printed materials:	
20 word description for Conference program:	

Who should MHS contact for logistics before and on the day of the Conference:

Name	Phone #	Email
Signature of Authorized Representative	Printed Name and Title	Date

Credit Card Information

SIGNATURE _____

Total Authorization Amount: \$ _____ Credit Card Type: _____

Credit Card #: _____ CVV# _____

Expiration Date: _____

INSTRUCTIONS: Please complete, sign and send this form to Behavioral Health Conference, c/o Erin Scally : 9465 Farnham Street, San Diego, CA 92123. This form may be faxed to 858.573.2135

Terms and Conditions: By signing you accept all these terms and conditions.

1. Sorry, no refunds of deposits, partial payments or payments in full. 2. Except by written consent of the Conference management, I cannot sublet or share my space with an unauthorized person(s) and/or company(ies). 3. My display must occupy my assigned space only and not encroach into the aisles. 4. I must occupy the space assigned to me. No changes will be made on site.
5. I grant the rights to use photographs of the exhibit to Mental Health Systems for their own purposes. 6. The Conference management reserves the right to reject any exhibit which it deems is not in keeping with the theme of the Expo. 7. I, for myself and my company and representatives, agree to hold Mental Health Systems, Inc., the Crowne plaza and their owners, agents, employees, affiliates and sponsors harmless from any claims from, or due to, the acts of myself, my agents and my employees, and/or for any loss and/or injury to people and/or property of any nature.
8. I, for myself, my company and representatives assume all responsibility for loss, theft, or destruction of goods, or for personal injuries to myself, my agents, my employees, my representatives or my visitors and will hold harmless Mental health Systems, Inc. and its affiliates from any and all liability in connection with any and all of the above. 9. The company I represent must be insured and be able to provide proof of liability insurance if requested. 10. Conference management reserves the right to refuse this application for any reason whatsoever. 11. No smoking, pets or balloons are allowed at this Conference.