

# Exhibit Booth Space Opportunities

## Northern Ohio Human Resource Conference – 2010

NOHRC 2010 will be held on March 12, 2010 at the I-X Center in Cleveland. Exhibitor spaces are centrally located to draw traffic to your booth space. Set up times for exhibitors are the day before the conference (between the hours of 11:00 am and 5:00 pm) and the day of the conference (between the hours of 6:00 am and 7:15 am).

### Exhibit Space – Fee

#### Wellness Way Exhibitor (Limited to 8 Sponsorships)

**Fee: \$1,450**

- Preferred space on the exhibitor floor on “Wellness Way”
- Recognition on the NOHRC website and in the program as a conference exhibitor
- Two (2) Banner ads in HR Cleveland (Cleveland SHRM’s award-winning newsletter)
- Four (4) Brilliance passes for your organization
- Complementary Bag Stuffer

**\*\*Note - all exhibitors will receive a full listing of registered attendees.**

**Electricity (include with payment):** \_\_\_\_\_ 10 AMPS (\$145) \_\_\_\_\_ 20 AMPS (\$195)

\_\_\_\_\_ Telephone line (Dial-up) is needed (payment to be made with exhibitor payment \$150.00 per line). Contact us for a T-1 line.

\_\_\_\_\_ Number of additional “Brilliance Passes” – \_\_\_\_\_ x \$75 = \$ \_\_\_\_\_ (include with payment). Note: Brilliance passes include both the conference luncheon, keynote speaker, Continental Breakfast and afternoon break.

**Exhibitor Name:** \_\_\_\_\_  
 (As it should appear on signage)

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Description of product or service: \_\_\_\_\_  
 Description of product or service that may be demonstrated in your exhibit booth during the conference:: \_\_\_\_\_

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Exhibitors receive publicity in the day of conference Program Guide. NOHRC requires an electronic file of your organization's logo and your company's description, along with contact information. Please email a high-density image (300 dots per inch or higher) of your logo and a Microsoft Word document of your firm description to mgmedoro@aspect-marketing.com.

**If paying by check, please mail this form along with check payable to CSHRM and mail to:**

NOHRC – Exhibitors & Sponsors  
 P.O. Box 32148  
 Cleveland, OH 44132-0148

**Or if you would like to pay by credit card, complete below and fax to: 216-261-3979**

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

The undersigned agrees that Cleveland SHRM and the I-X Center assume no responsibility for personal injury, loss or property damage associated with this event. Exhibitor assumes full responsibility for all items brought to this event. There shall be no refunds upon reservation of an exhibit for NOHRC 2010 “Release Your Brilliance.”

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Questions? Please call the NOHRC Hotline! 216.556.1166 or email us at [info@nohrc.org](mailto:info@nohrc.org)**