



18TH ANNUAL HIV/STD CONFERENCE
SEPTEMBER 23-25, 2009
HILTON SPRINGFIELD HOTEL
SPRINGFIELD, ILLINOIS

BENEFACTOR/EXHIBITOR REPLY FORM

Please print or type your information; IT WILL APPEAR IN THE PROGRAM BOOK AS IT IS RECEIVED.
(Legible faxes or photocopies are accepted.)

Name _____

Title _____

Company or Organization Name _____

Street Address (No P.O. Boxes) _____

City _____ State _____ ZIP _____

E-mail Address _____

Telephone _____ Fax _____

My company/organization wishes to be part of the 18th Annual HIV/STD Conference,
Embracing Strategies & Solutions, as (check all that apply) —

Benefactor

- Gold \$4,000 (receives two registrations) Bronze \$1,000 (receives one registration)
 Silver \$2,500 (receives one registration)

Exhibitor

- For-profit \$425 (receives one registration) Additional registrants \$50
 Non-profit \$150 (receives one registration)

PAYMENT MUST ACCOMPANY THIS REPLY FORM. (Please indicate method of payment.)

- Check or money order Purchase order (attached)

Please make checks payable to the Illinois Public Health Association.

Send completed form with payment by August 21, 2009, to

Illinois Department of Public Health, HIV/AIDS Section
Attn: Conference Exhibits
525 W. Jefferson St., First Floor
Springfield, IL 62761
Fax: 217-524-6090