

2012 Adolescent Sexuality Conference
April 23-24, 2012
Seaside Convention Center
415 First Avenue
Seaside, OR 97138
What's Your Message?

Exhibitor Form

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____ E-mail: _____

Person(s) who will staff the table: _____

- Yes, I would like an Exhibit Table; Non-Profit Exhibitor: \$ 65.00
- Yes, I would like an Exhibit Table; For-Profit Exhibitor: \$175.00

- Yes, I need access to a power outlet
- Other needs _____

Return Exhibitor Form and Fees no later than April 2, 2012 to:

Oregon Teen Pregnancy Task Force
OTPTF
P.O. Box 12125
Portland, OR 97212
Tax ID# 93-0836221

No refunds will be made for Exhibitor cancellations received after April 2, 2012
Questions: Contact Lila Duncan, STD Project Coordinator
Oregon Public Health, HIV/STD/TB Program
Phone: 971-673-0163
lila.m.duncan@state.or.us