



## CALL FOR EXHIBITORS

**Who:** Teenwise Minnesota's annual conference brings together approximately 350 social service and health care providers, educators, advocates, program directors and youth who work to prevent adolescent pregnancy and support pregnant and parenting teens. We invite you/your organization to showcase your programs and services at our 21st Annual Conference.

**When:** May 3 and 4, 2012

**Where:** Earle Brown Heritage Center, Brooklyn Center, MN

### Exhibitor Information:

**Fee:** **Teenwise Minnesota Members**      **\$225**  
**Non-Members**                                      **\$275**

**Fee includes:**

- Two full days to display your products/services. There will be at least three hours specifically dedicated to exhibit/networking time, with the exhibit hall open to participants throughout the conference. The exhibitor must be present at the display at all breaks and dedicated exhibit hours.
- One 8' skirted table on which to display your information/products.
- Inclusion of your organization in the list of exhibitors provided to all conference participants.
- Full conference registration for one exhibitor that entitles you to participate in general sessions, workshops and lunch.

### Deadlines

**Exhibit space is limited. Register today!** Registrations accepted on a first come, first served basis. Registration and full payment must be received by April 21, 2012.

### Selection and confirmation

All exhibit proposals are subject to committee selection. Accepted exhibitors will receive an email confirmation.

### Set-up and Take-Down

Exhibitors may set up their tables from 6:00 to 7:30 a.m. on Thursday, May 3, 2012. Take-down is from 3:00 to 4:00 p.m. on Friday, May 4, 2012.

### Additional Exhibitors

**If you will have more than one exhibitor at your booth, they must register as conference participants.**

## Security and Liability

The Earle Brown Heritage Center and/or Teenwise Minnesota are not liable for any damages, losses or injuries to exhibitors or their property. It shall be the responsibility of each exhibitor to maintain such insurance against injury to person or damage or loss of property in such amounts as the exhibitor may deem adequate. Neither Teenwise Minnesota nor the Earle Brown Heritage Center will provide insurance protection.

## Shipping

You may ship your materials in advance. Please ensure that packages arrive no earlier than Tuesday, May 1, 2012. Clearly mark all packages: **Teenwise Minnesota Conference** and include the name of your organization. Ship to:

Earle Brown Heritage Center  
6155 Earle Brown Drive  
Brooklyn Center, MN 55430

### TAKE ONE TABLE

If you are not able to exhibit in person, you may send informational materials about your organization or business to share with our conference participants at our “take one” table. **The fee for displaying your materials is \$75.00.** Please send approximately 300 copies of each resource.

Your completed registration form and payment must be received by April 21, 2012. **Materials are to arrive at Teenwise Minnesota by April 27, 2012.** Clearly mark packages “**Take One Table Conference**” and your organization’s name and mail to: **Teenwise Minnesota, 1619 Dayton Avenue, Suite 111, St. Paul, MN 55104, Attn: Conference**

## Exhibitor Criteria for Teenwise Minnesota’s 21<sup>st</sup> Annual Conference

The goal of the Teenwise Minnesota exhibit program is to supplement the information shared throughout the annual conference and to enhance the experience of the conference participants. We hope to create an exhibit program that meets both the professional and personal needs and interests of the conference participants.

***Mission:*** *Teenwise Minnesota is the statewide leader in promoting adolescent sexual health, preventing adolescent pregnancy and gaining support for adolescent parents. We achieve this by developing, strengthening and advancing science-based policies and programs.*

Exhibitors must meet the criteria within at least one of the categories listed below.

- Exhibitors may distribute information about a product or service that relates to Teenwise Minnesota’s mission and that specifically addresses at least one of the following issues: adolescent sexual health, adolescent pregnancy prevention, adolescent parenting, positive youth development; male involvement; health disparities, and/or comprehensive sexuality and HIV education.
- Exhibitors may sell products that directly relate to Teenwise Minnesota’s mission e.g., books, videos, pamphlets, etc.
- Exhibitors may sell products that support the conference attendees e.g., t-shirts, tote bags, jewelry, art, etc. as long as they are consistent with Teenwise Minnesota’s mission and a percentage of their Teenwise Minnesota Conference revenue goes to a youth-serving organization.

Teenwise Minnesota's Annual Conference – May 3-4, 2012

**Exhibitor Registration Form**

Please type or print exactly as information should appear in conference publications.

Exhibitor Name: \_\_\_\_\_

Exhibitor Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Official representative at the exhibit (as the name badge will read):

Name \_\_\_\_\_ Title \_\_\_\_\_

Would you like a vegetarian lunch?  Yes  No

Will you join us for the Thursday afternoon reception?  Yes  No

**Briefly describe your service, program and/or product:**

**Type of Exhibit Space Requested:**

- One 8' skirted exhibit table – Teenwise Minnesota member **\$ 225.00**
- One 8' skirted exhibit table – Non-member **\$ 275.00**
- Information at take-one table **\$ 75.00**
- Access to electricity (available on a first come basis)

**Method of Payment** (please choose one)

- Check made payable to Teenwise Minnesota**
- Credit Card (please circle one)**      **Visa**      **Mastercard**      **Amex**      **Discover**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-      Exp. Date: \_\_\_\_\_

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

Name, billing address, and zip code for card: \_\_\_\_\_

- Bill me – choose this option only if your agency needs a purchase order to make payment.**

Bill my agency using purchase order # \_\_\_\_\_ and send invoice to the following person:

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

Mailing Address: \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Please send completed registration form to:**

**Teenwise Minnesota, 1619 Dayton Avenue, Suite 111, St. Paul, MN 55104, fax to 651-644-1417 or email to [teenwisemn@teenwisemn.org](mailto:teenwisemn@teenwisemn.org). Attention: Exhibit Registration**