**Annual Conference for Behavioral Health**

 **September 11 – 14, 2018**

 **Manhattan, KS**

***Exhibitor Form***

Company/Agency Name: Click here to enter Company/Agency Name

Company/Agency Contact: Click here to enter contact Person’s Name

Company/Agency Address: Click here to enter Street Address

 Click here to enter Suite #

 Click here to enter City

 Click here to enter State

 Click here to enter Zip Code

Contact Phone Number: (Area Code) Phone Number

Email Address: Click here to enter Contact Person’s Email Address

Company/Agency Website:

Exhibitor Level: [ ] $250 Non-Profit

 [ ] $650 For-Profit

Do you require electricity for your Exhibit Booth? [ ] Yes [ ] No

Additional costs may be required for electricity.

Please send completed Exhibitor Form to helliott@acmhck.org.

Please send check payable to:

Association of Community Mental Health Centers of Kansas

534 South Kansas Avenue, Suite 330

Topeka, KS 66603-4451