

Additional Brand Exposure Agreement

Company Name: _____ Contact Name: _____
 Title: _____ Email: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Office Number: _____ Cell Phone: _____
 Instagram: _____ Website: _____

Check Box if you would you like to receive mobile updates.

Brand Exposure Opportunities:

(PLEASE CHECK BOXES BELOW)

- | | | | |
|--|----------|---|-------------------|
| <input type="checkbox"/> Carpet Clings | \$400.00 | <input type="checkbox"/> Hanging Banners | \$1,000.00 |
| <input type="checkbox"/> Door Decals | \$350.00 | <input type="checkbox"/> 20TH Anniversary Tote Bags | \$1.00 (per Item) |

Web-site Banner Ads:

- | | | | |
|------------------------------------|-------------------------|------------------------------------|-------------------------|
| <input type="checkbox"/> 300 x 600 | \$500.00 (per 3 months) | <input type="checkbox"/> 300 x 250 | \$250.00 (per 3 months) |
|------------------------------------|-------------------------|------------------------------------|-------------------------|

Show Guide Ads:

Please reserve my ad space for the 2017 World Natural Hair, Healthy Lifestyle Event. Check the size ad you want to reserve.

- | | | | |
|---|------------|---|------------|
| <input type="checkbox"/> Half Page | \$650.00 | <input type="checkbox"/> Full Page | \$1,250.00 |
| <input type="checkbox"/> Front Inside Cover | \$1,500.00 | <input type="checkbox"/> 2 Page Spread | \$2,400.00 |
| <input type="checkbox"/> Back Inside Cover | \$1,500.00 | <input type="checkbox"/> Back Outside Cover | \$1,700.00 |

TOTAL AMOUNT DUE: _____

I acknowledge that the production of banners, carpet clings and door decals are NOT included in brand exposure fees. **INITIAL HERE:** _____
PLEASE NOTE: All sponsorships are on a first-come, first-served basis: All materials are due by March 22, 2017.

Please check payment type: No personal checks are accepted. Business checks (USA funds only) will be accepted up until **April 3, 2017**. Please make all checks payable to World Natural Hair, Healthy Lifestyle Event.

- VISA MASTER CARD AMERICAN EXPRESS DISCOVER BUSINESS CHECK MONEY ORDER CASHIER CHECK

Name on credit card: _____ Signature of credit card owner: _____
 Credit card number: _____ Exp. date: _____ Amount enclosed: \$ _____ Security Code: _____

IMPORTANT: Both card holder and credit card(s) used must be present at event check-in. Credit Card Authorization Form must also be completed and on file.

PLEASE DO NOT WRITE IN THE SECTION BELOW. FOR MANAGEMENT USE ONLY.

Space assigned: _____ Payment type: _____ Check: # _____ Amount received: \$ _____
 Date received: _____ Amount due: _____ Received/Approved By: _____ Filed: _____

PAYMENT MUST ACCOMPANY THIS FORM - PLEASE COMPLETE AND FAX TO: 770-805-8847

SUBMIT TO: WORLD NATURAL HAIR HEALTHY LIFESTYLE EVENT, 4620 S. ATLANTA ROAD SUITE E, Smyrna, Ga. 30080. Phone 404-799-0038.
 Contact Janet Wallace for further information or assistance with your Brand Exposure Opportunities at jwallace@naturalhair.org