

O.A.I.C.

Oregon Adult Immunization Coalition

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"Working Together to Prevent Illness and Death from Adult Vaccine Preventable Diseases"

August 8, 2008

Dear Immunization Partner,

The Oregon Adult Immunization Coalition is seeking exhibitors for a state immunization conference. The *5th Annual Flu Summit* will be held in Clackamas, Oregon on September 30th, 2008. **Approximately 150 private and public health professionals from the Northwest will come together to learn and share important influenza vaccination information that will assist them in their practice.** It will also be an opportunity to network and share ideas on how to better protect and serve our communities during the flu season.

Exhibiting at the Flu Summit is an excellent venue for your organization to market its products and services to a broad health care audience. Come contribute to discussions and presentations about current issues and best practices in the field of flu vaccination. Your presence at this educational meeting will benefit your organization as well as the health professionals in attendance.

The following Exhibitor Registration will secure your table at the Flu Summit and will help us give your agency the recognition it deserves.

Space is limited. Exhibiting opportunities are on a first come, first served basis. Your commitment and payment will secure a table in our exhibit hall. Please mail the following form (with payment, if applicable) before September 23rd. We look forward to hearing from you!

Sincerely,

Oregon Adult Immunization Coalition

**2008 Oregon Adult Immunization Coalition 5th Annual
Flu Summit – For Healthcare Professionals**

September 30th, 2008
Monarch Hotel: Clackamas, Oregon

EXHIBITOR APPLICATION

Due By: September 22, 2008

Please mark one:

_____ Industry Exhibitor - \$150 Display Table

_____ Non-profit or government agency – no charge

Brief description of services/products offered by your organization:

AGENCY CONTACT INFORMATION

Contact Name:	Email:	
Agency/Organization:		
Address:	County/District:	
State/Province/Territory:	Country:	Zip/Postal Code:
Work Telephone:	Work Fax:	

A registration form will be sent to you electronically upon receipt of this application. Meals are included for attendees and exhibitors, please be sure to RSVP for each person.

Send this form with check payable to Oregon Healthcare Foundation (Tax ID# 93-1258843)
ico/Flu Summit to: OAIC, 800 NE Oregon Street, #370, Portland, OR 97232

Please contact us with any questions or concerns: Email: Bryan.Goodin@state.or.us
Phone 971-673-0472 Fax 971-673-0278