

THE RENAISSANCE COLUMBUS WESTERVILLE-POLARIS HOTEL | DECEMBER 6, 2019

AN EVENT OF PREVENTION ACTION ALLIANCE

WHAT IS THE OHIO ADULT ALLIES SUMMIT?

Youth leaders today are bright, hardworking, and full of passion. They're working to improve their homes, schools, and communities. As adult allies, it's our job to support them. Adult allies are crucial to the success of youth-led prevention. They educate young people in evidence-based strategies for prevention, empower them to create change in their communities, and advocate on behalf of them with school and community leaders.

Prevention Action Alliance, in collaboration with the Ohio Department of Mental Health and Addiction Services and the Voinovich School of Leadership and Public Affairs at Ohio University, created the Ohio Adult Allies Summit to inform the work of adult allies who in turn empower youth leader in prevention.

WHY EXHIBIT AT THE OHIO ADULT ALLIES SUMMIT?

Prevention Action Alliance has a demonstrated history of hosting large, successful events for Ohio's prevention workforce and even multi-state policy summits. About 100 to 135 prevention coordinators, managers, and directors will be at the Ohio Adult Allies Summit. Exhibitors have access to a limited amount of vendor tables and can interface directly with attendees.

MAXIMUM ATTENDEES

135





EXHIBITOR REQUEST FORM

To exhibit at the Ohio Adult Allies Summit, complete the form below and email it to Brittany Koza at bkoza@preventionactionalliance.org. We will email you a confirmation that we received the form and with further instructions within three business days.

EXHIBITOR DETAILS

EXHIBITOR SPACE: \$200

One Exhibitor Space includes: one 6' table; two chairs; company name on exhibitor sign and list in both program and on the projection screen, use of conference wi-fi, and face-to-face interactions with all attendees.

Maximum of two (2) representatives may occupy the exhibit space and will be allowed to eat the provided conference food. You must register separately as an attendee if you wish to attend sessions and receive Continuing Education credits.

Number of Requested E	xhibitor Spaces: (\$200 each)	Total: \$	
Company:			
Address:	Street Address	City, State	Zip Code
Contact Name:	Street Modress	eny, stote	219 2002
Email:		Phone:	