

THE RENAISSANCE COLUMBUS WESTERVILLE-POLARIS HOTEL | DECEMBER 4, 2019

AN EVENT OF PREVENTION ACTION ALLIANCE

WHAT IS COALITIONS RISING?

Prevention is an ever-changing field with new developments and practices emerging regularly. Over time, new substances emerge that must be contended with, community norms evolve and affect risk and protective factors, old grants dry up and new ones are created, and new evidence-based practices emerge. As practitioners in prevention, it can be difficult to stay on top of these changes and to incorporate them into our efforts.

We created Coalitions Rising to support community coalitions in their vital missions to prevent substance misuse and promote mental health wellness. When coalitions are equipped with strategies, tools, and resources, they can prevent and delay the onset of drug use, reduce the likelihood of addiction, and create healthy environments for families in all communities.

WHY EXHIBIT AT COALITIONS RISING?

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 150 prevention coordinators, managers, and directors will be at Coalitions Rising. Exhibitors have access to a limited amount of vendor tables and can interface directly with attendees.

MAXIMUM ATTENDEES

150





EXHIBITOR REQUEST FORM

To exhibit at Coalitions Rising, 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:			
Email:		Phone:	