



## APHA Exhibitor Application

Company: \_\_\_\_\_

Website: \_\_\_\_\_

**Primary Contact** (Individual in charge of all exhibit correspondence)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Company Description & Logo** (to be used in marketing materials)

Please describe in the space below your product, service or program and how it relates to public health.

Please email your logo as a high resolution .png file to [Courtney.stevenson@arkansas.gov](mailto:Courtney.stevenson@arkansas.gov)