



**GOOD MEDICINE II
 SEPTEMBER, 14th 2008
 EXHIBITOR RESERVATION CONTRACT
 FAX TO: 310-464-6972**

www.TheGoodMedicine.org

COMPANY NAME: _____

CONTACT/ TITLE: _____

PHONE/EMAIL: _____

ADDRESS: _____

CITY/ST/ZIP: _____

WEBSITE: _____

EXHIBITOR SPACE: (Please indicate which tier and booth size you would like)

	Large	Small	Your Choice
Tier 1	\$1,000	\$800	
Tier 2	\$700	\$500	
Tier 3	\$400	\$250	

CHOOSE YOUR SPONSORSHIP PACKAGE: (if applicable)

New Earth Supporter: \$2,000 _____

New Earth Partner: \$3,000 _____

New Earth Trustee: \$5,000 _____

New Earth Honored Visionary: \$10,000 _____

PAYMENT METHOD

Type of Card _____ CC# _____ Security _____

Exp. _____ Auth. Signature: _____

Billing Address if different: _____

Check _____ Payable to: New Earth 23200 Red Rock Road Topanga, CA 90290

PAYMENT IS 100% TAX DEDUCTIBLE. DONATION RECEIPT UPON REQUEST. THANK YOU FOR YOUR SUPPORT.