

**Riverside University Health Systems Behavioral Health
Prevention Early Intervention Program (PEI)
Presents**

17th Annual Dare to be Aware Youth Conference

Dare to be Aware Youth Conference will be attended by Middle School and High School students from Riverside County. The goal of the conference is to reduce stigma against mental health challenges, *increase community outreach and awareness regarding mental health within un-served and underserved populations, and prevent the development of mental health issues by building protective factors*

If you are interested in participating in this year's conference, please read the following information and fill out the Exhibitor Registration Form.

EVENT DETAILS

Date	Friday November 16, 2018
Time	8:30a.m. to 1:00p.m. Exhibitors are required to be set up by 8:00 a.m.
Location	Riverside Convention Center 3637 5th Street Riverside, CA 92501
Exhibitor Registrations Due Date	Friday October 12, 2018

Tables will be supplied on a **first come first serve basis**. Tables are limited, so please get your request in early to guarantee a table. Riverside Convention Center will provide you with a white table cloth for your 8 ft table. You are encouraged to decorate your table. Exhibitors are responsible for the set-up and take-down of their materials.

Exhibitors should arrive early to sign-in and pick-up their name badge. Exhibitors are asked to completely set-up for the conference no later than 8:00 a.m. and stay until the end of lunch 1:00p.m. **Participants will begin arriving around 8:00 a.m.**

Every exhibitor is responsible to supply their own brochures/pamphlets/promotional items and **ONE REPRESENTATIVE**. We expect a turn-out of **750** this year, so please stock up on your supplies now.

During the breakout workshop sessions, exhibitors are welcome to attend one of the workshops.

One lunch ticket will be provided to each agency with an exhibitor table.

In order to provide adequate space, please FAX the Exhibitor Registration Form on or before October 15th, to: Taide Arias EMAIL to: tarias@rcmhd.org. Responses received after the October 15th deadline cannot be guaranteed.

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EXHIBITOR REGISTRATION FORM**

Exhibitor: _____

Type: ____County ____College/University ____Non-Profit ____Other

Address: _____

Contact Person: _____ Phone : _____ Fax : _____

Please list the name, phone number and email address of the designated representative that will support your table at the event **(1 person only)**:

Name	Phone Number	Email Address
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**EXHIBITOR AGREEMENT
(Please Initial #1 - #3)**

1. Exhibitor agrees to indemnify and hold harmless the County of Riverside, Agencies, Districts, Special Districts and Departments, their respective directors, officers, Board of Supervisors, employees elected or appointed officials, agents or representatives and volunteers from any and all claims for damage, liability, injury, loss of property, expense and costs allegedly incurred or connected with the requested participation. _____(initial)

2. Exhibitor is required to leave the event exhibit booth space in the same condition provided. This includes cleaning and the removal of trash and anything brought to the event. _____(initial)

3. The exhibitor acknowledges that this conference is open to Riverside County Middle Schools and High Schools and that he or she will not subject anyone of discrimination on the basis of race, color, national origin, age, sexual orientation, or disability. _____(initial)

Agreement: I, _____, have read and understand the above noted participation requirements. I understand that approval is not granted until the signed copy is returned, and that the County reserves the right to refuse or cancel any reservation (approved or not). My signature indicates the information I have provided above is true to the best of my knowledge.

Signature : _____ Title : _____ Date : _____

If you have any questions or concerns, please call _____.