



Booth & Vendor Confirmation Form

Yes! We would be proud to attend the 2026 Utah Peer Conference.

We authorize LBHS to include our name and/or logo as provided on all the materials printed for the event consistent with the booth and vendor agreement below.

Company name:

Contact name:

Address:

City:

State:

Zip:

Office Phone:

Cell Phone:

Email address:

Website:

To ensure your name/logo is included in all printed materials, return form by May 15, 2026.

- Check enclosed (please make payable to Latino Behavioral Health Services)
- Credit/ debit card payments accepted over the phone at (801) 935-4447 (ask for Cris Godoy)
- Please send an invoice

Boothg & Vendor Opportunity Selection:

Presenting Sponsor 10K

Champion Sponsor 7.5K

Advocate Sponsor 5K

Partner Sponsor 2.5K

Supporter Sponsor 1K

Nonprofit Sponsor \$500

Please forward your logo in Vector file to javier.alegre@jackysrecovery.org.

write "Utah Peer Conference" in the subject line.

PLEASE MAIL CHECKS TO:

Latino Behavioral Health Services
Memo: Utah Peer Conference Sponsorship
3269 South Main Street, Suite 100
South Lake City, UT 84115.

For your records, Latino Behavioral Health Services Exempt Tax ID# is 46-5038499.

