

Amelia Island, FL | Omni Amelia Island Resort

EXHIBITOR APPLICATION FORM

Exhibitor Information

Company Name	
Address	
City, State/Province, Zip/Postal	
Company Website (mandatory)	
Exhibit Coordinator/Contact Person	Title
Phone	Fax
Email (mandatory)	

PLEASE NOTE: Registration forms that do not include an **email address** or **company website** will not be processed.

Booth Staff Personnel

Name	Title	Email
Name	Title	Email

Product Category (Please select one)

- | | | |
|--|---|---|
| <input type="checkbox"/> Billing, coding, and/or documentation | <input type="checkbox"/> Hospital/Health system | <input type="checkbox"/> Pharmaceutical/Biotechnology |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Hospitalist management company | <input type="checkbox"/> Professional society/Association |
| <input type="checkbox"/> Device | <input type="checkbox"/> IT/Business solutions | <input type="checkbox"/> Recruiting/Staffing company |
| <input type="checkbox"/> Diagnostics | <input type="checkbox"/> Media/Publication(s) | <input type="checkbox"/> Scribe services |
| <input type="checkbox"/> Education | <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Other: _____ |

Main Objective (Select your primary objective in attending Leadership Academy)

- | | | |
|--|--|---|
| <input type="checkbox"/> Advertisement and/or public relations | <input type="checkbox"/> Lead generation | <input type="checkbox"/> Public education |
| <input type="checkbox"/> Business-to-business networking | <input type="checkbox"/> Product promotion | <input type="checkbox"/> Recruitment |
| | <input type="checkbox"/> Product sales | <input type="checkbox"/> Other: _____ |

Exhibit (Table space is limited.)

- Exhibit Table:** \$2,000
- Additional Booth Staff:** \$50 per additional badge
(Two complimentary booth staff registrations are included with each exhibit table registration.)

Sponsorship Opportunities

- Lanyards:** \$3,000
- Notebooks:** \$6,000
- Tote Bags:** \$8,000
- Pens:** \$2,000
- Mobile App:** \$10,000
- Welcome Reception (October 25):** \$15,000 (booth included)

If a sponsorship is chosen, a letter of agreement with all considerations associated with the sponsorship will be sent for signature and approval. For customized sponsorship packages, please contact the Business Development team at bizdev@hospitalmedicine.org or 267-702-2653.

Contract Agreement

We/I agree to abide by all requirements, restrictions, cancellation policies, and obligations noted in the Exhibitor Contract, Rules and Regulations, and all applicable legal requirements. This registration form becomes a binding agreement when accepted.

We/I agree to pay \$_____, 100% of the charge for the exhibit space as a part of this registration and contract.

Contract Authorizer Name	Contract Authorizer Signature
Title	Date

Payment


- Check Enclosed (payable to Society of Hospital Medicine).
Please remit payment in U.S. Funds drawn on U.S. bank within 30 days and prior to the start of the conference.

OR

Charge to the following:   

Cardholder's Name												CVV#						
Credit Card Number														Expiration Date	M	M	Y	Y
Total Charged	\$													Cardholder's Signature				

Please direct any questions, comments, or payments to:

 Society of Hospital Medicine, Exhibits
P.O. Box 822898, Dept. 200E
Philadelphia, PA 19182-2898

 bizdev@hospitalmedicine.org

 800-843-3360

 267-535-2911


Society of Hospital Medicine