

# LEADERSHIP ACADEMY

May 23-26, 2022 | Scottsdale, AZ

Scottsdale, AZ | JW Marriott Camelback Inn

## 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)

- Advertisement and/or public relations
- Business-to-business networking
- Lead generation
- Product promotion
- Product sales
- Public education
- Recruitment
- 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
- Pens:** \$2,000
- Notebooks:** \$6,000
- Mobile App:** \$10,000
- Tote Bags:** \$8,000
- Welcome Reception (May 23):** \$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](mailto: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.  
**All payments must be received and paid in full prior to being allowed exhibit or sponsorship being deemed secured.**
- Charge credit card**  
All requested credit card payments will receive an invoice and/or be contacted to provide payment details via phone.

Total Charged	\$								
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Please return your completed form to SHM's Business Development Team at [bizdev@hospitalmedicine.org](mailto:bizdev@hospitalmedicine.org).

Please direct any questions, completed forms, and/or payment inquiries to:

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

 [bizdev@hospitalmedicine.org](mailto:bizdev@hospitalmedicine.org)

 800-843-3360

 267-535-2911

  
Society of Hospital Medicine

