

LEADERSHIP ACADEMY

Oct. 23-26, 2023 | Scottsdale, AZ

Scottsdale, AZ | JW Marriott Camelback Inn Resort & Spa

PARTNER APPLICATION FORM

Partner Information

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

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

*If a third-party is representing the above-named exhibitor, please complete:

Representing Company Name & Full Address	Contact Person & Title
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Booth Staff Personnel

Name	Title & Company	Email
Name	Title & Company	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

- | | | |
|--|--|--|
| <input type="checkbox"/> Lanyards: \$3,000 | <input type="checkbox"/> Mobile App: \$10,000 | <input type="checkbox"/> Oct. 23: Welcome Reception + Booth: \$15,000 |
| <input type="checkbox"/> Pens: \$2,000 | <input type="checkbox"/> Tote Bags: \$8,000 | |
| <input type="checkbox"/> Notebooks: \$6,000 | | |

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 & Company	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.

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

 800-843-3360

 267-535-2911