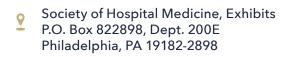
Amelia Island, FL | Omni Amelia Island Resort

EXHIBITOR APPLICATION FORM

Company Name								
. ,								
Address								
City, State/Province, Zip/Postal								
Company Website (mandatory)								
Exhibit Coordinator/Contact Person		Title						
Phone		Fax						
Email (mandatory)								
PLEASE NOTE: Registration forms tha	t do not include an email ac	ddress or co	ompany website will not be processed.					
Booth Staff Personnel								
Name	Title		Email					
Name	Title		Email					
Product Category (Please selec	t one)							
Billing, coding and/or	☐ Hospital/Health syste	m	☐ Pharmaceutical/Biotechnology					
documentation	Hospitalist managem	ent compan	Professional society/Associatio					
Consulting	☐ IT/Business solutions		☐ Recruiting/Staffing company					
Device	☐ Media/Publication(s)		☐ Scribe services					
Diagnostics	■ Nonprofit		Other:					
☐ Education								
Main Objective (Select your prin	nary objective of attending	Leadership .	Academy)					
Advertisement and/or	Lead generation		Public education					
public relations	Product promotion		☐ Recruitment					
Business-to-business networking	☐ Product sales		Other:					

Exhibit (Tak	ole sp	ace is	limite	ed.)														
Exhibit Tak	ole: \$	2,000																
Additional (2 compliment)							_	ded v	with e	each e	xhib	oit tak	ole registration.)					
Sponsorsh	ip C)ppc	rtur	nitie	s													
☐ Lanyards: \$3,000 ☐ Notebook								ks: \$	6,00	0			☐ Tote Bags: \$8,000					
☐ Pens: \$2,00	00				☐ Mobile App: \$10									Welcome Reception (October 25): \$15,000 (booth included)				
	or cus												the sponsorship will be elopment team at (bizo				org	
Contract A	gre	eme	nt															
													obligations noted in orm becomes a bind					
We/I agree to	pay \$			_, 100	% of th	ie ch	arge fo	or the	exhi	bit sp	ace	as a p	part of this registrati	on and	l contra	ct.		
Contract Authorize	r Name	•							C	Contract Authorizer Signature								
Title	tle								Di	Date								
Payment Check Enclo										in 30 (days	and	prior to the start of	the co	nferenc	e.		
Charge to the	follo	wing:		VISA		Master	Card		MERICAN EXPRESS									
Cardholder's Name													CVV#					
Credit Card Number													Expiration Date		M	/ Y	Υ	
Total Charged	\$						Cardho	lder's S	ignatu	ature								
Please direct		nuesti	ons.	comn	nents o	or pa	vmen	ts to:										





bizdev@hospitalmedicine.org



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267-535-2911

