



Arkansas Health Care Association Arkansas Assisted Living Association 2010 TRADE SHOW BOOTH CONTRACT



Exhibit Dates: April 28th & 29th Location: Hot Springs Convention Center, Halls A & B Hot Springs, Arkansas Contact: Rachel Davis, Director of Member Services 501/374.4422 rdavis@arhealthcare.com	<u>AHCA Associate Member Pricing:</u> \$800 - 10 x 10 Booth, 2 attendees \$2,000 - End Cap Booth (10' x 20' booth at end of aisle) <u>Non-Member Pricing:</u> \$950 - 10' x 10' Booth, 2 attendees \$2,200 - End Cap Booth
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Name of Company: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____ Email: _____

Product / Service to be exhibited: _____

Prefer not to be located near the following company: _____

Booth(s) Requested:			
1st choice: _____	2nd choice: _____	3rd choice: _____	4th choice: _____
<i>Sponsors & Associate Members Have First Choice</i>			

Name of 1st attendee: _____

(complimentary with booth)

Name of 2nd attendee: _____

(complimentary with booth)

Name of 3rd attendee: _____

(additional name badge, \$200 per person)

Name of 4th attendee: _____

(additional name badge, \$200 per person)

Payment:

Check #: _____

Visa **MasterCard** **AmEx**

CC#: _____ - _____ - _____ - _____

V-Code: _____ Exp. Date: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Booth Total: _____
Extra Name Badges: _____ (\$200 per person)
TOTAL: _____

Booth reservations will be confirmed only upon receipt of payment. Refunds will not be given on booth cancellations after April 14, 2010.

We agree to mail full payment with this application. No cancellation of space contract will be accepted or refunds made after April 14, 2010. We agree to abide by all requirements, restrictions, and obligations explained in the promotional material. It is understood that all requests to exhibit are subject to the approval of AHCA. Exhibitors agree to release, defend and hold harmless Arkansas Health Care Association and their agents and employees from and against any and all losses, cost, damages, liability, or expenses (including any attorney's fees) arising out of or resulting from any accident, bodily injury, property loss or damage of the occurrences to any person or persons including the exhibitor's use and occupancy of the exhibit area at the Hot Springs Convention Center or any part thereof.

Signature: _____ Date: _____

FOR AHCA USE ONLY	BOOTH # _____	DATE CONFIRMED: _____	BY: RACHEL DAVIS: _____
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Please mail completed contract with payment to: AHCA, 1401 W. Capitol Ave., Suite 180, Little Rock, AR 72201