

# 2012 TRADE SHOW BOOTH CONTRACT



<b>Exhibit Dates:</b> April 24 - 25, 2012	<b>Associate Member Pricing:</b> \$830 - 10 x 10 Booth, 2 attendees \$2,030 - End Cap Booth (10' x 20' booth at end of aisle)
<b>Location:</b> Hot Springs Convention Center, Halls A, B & C Hot Springs, Arkansas	<b>Non-Member Pricing:</b> \$980 - 10' x 10' Booth, 2 attendees \$2,230 - End Cap Booth
<b>Contact:</b> Rachel Davis, Deputy Director 501/374.4422   rdavis@arhealthcare.com	*a standard electrical outlet is included with all booths

Name of Company: \_\_\_\_\_ Need Electricity: Yes  No

Contact Person: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Product / Service to be exhibited: \_\_\_\_\_

Prefer *not* to be located near the following company: \_\_\_\_\_

<b>Booth(s) Requested:</b>			
1st choice: _____	2nd choice: _____	3rd choice: _____	4th choice: _____
<i>Sponsors &amp; Associate Members Have First Choice of Booth Placement</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  Discover  
CC#: \_\_\_\_\_  
V-Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

# of Booths: _____
Cost Per Booth: _____
Extra Name Badges: _____ (\$200 per person)
<b>TOTAL:</b> _____

*Booth reservations will be confirmed only upon receipt of payment. Refunds will not be given on booth cancellations after April 10, 2012.*

We agree to submit full payment with this application. No cancellation of space contract will be accepted or refunds made after April 10, 2012. 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 / potential 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: \_\_\_\_\_

<b>AHCA USE ONLY</b>
<b>BOOTH #</b> _____ <b>DATE CONFIRMED:</b> _____ <b>BY:</b> _____

Please return completed contract with payment to Rachel Davis at AHCA.

Mail: 1401 W. Capitol Ave., Suite 180, Little Rock, AR 72201 Fax: 501/374.1077 Email: rdavis@arhealthcare.com