

# Registration

**Vendor Fair Booth Space**  
Register online now!

## Company Information

Please print or type the following information exactly as you want it to appear on your booth sign and in the printed program.

Company Name: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_

\*Email: \_\_\_\_\_

*\*(Pre-conference communications will be made by email.)*

## Booth Representatives

Name: \_\_\_\_\_

\*Email: \_\_\_\_\_

Name: \_\_\_\_\_

\*Email: \_\_\_\_\_

Others: (\$90 each) \_\_\_\_\_

*\*E-mail for booth reps is required*

## Booth Selection

All booths are assigned by MHA on a first-come, first-served basis. MHA reserves the right to relocate exhibits at any time prior to set-up. Booth dimensions are 8' wide by 6' deep.

Standard Booth: \$575

Expanded (double) Booth: \$875

Preferred booth #: \_\_\_\_\_ 2nd Choice #: \_\_\_\_\_

Check if you need a booth sign

## Door Prizes

Yes, we will have a door prize (limit one prize per vendor).

No, we will not give away a prize this year.

## Sponsorships

|                          |   |         |
|--------------------------|---|---------|
| <input type="checkbox"/> | Thursday Evening Vendor Reception                             | \$2,500 |
| <input type="checkbox"/> | General Session   | \$2,500 |
| <input type="checkbox"/> | Opening Social  | \$2,000 |
| <input type="checkbox"/> | Thursday Conference Luncheon                                  | \$1,500 |
| <input type="checkbox"/> | Nurse Leadership Keynote                                      | \$1,000 |
| <input type="checkbox"/> | Conference Tote Bag (with your company logo)                  | \$1,000 |
| <input type="checkbox"/> | Print Sponsor - <i>company logo on all conference signage</i> | \$800   |
| <input type="checkbox"/> | Education Workshop  | \$500   |
| <input type="checkbox"/> | Conference Break Co-Sponsor                                   | \$500   |

## Advertisement

|                          |  |       |
|--------------------------|--|-------|
| <input type="checkbox"/> | Back cover of conference booklet (1 available)<br>10"h x 7.5"w | \$300 |
| <input type="checkbox"/> | Full page ad in conference booklet<br>10"h x 7.5"w             | \$125 |
| <input type="checkbox"/> | Half-page ad in conference booklet<br>5"h x 7.5"w              | \$75  |
| <input type="checkbox"/> | Quarter-page ad in conference booklet<br>5"h x 3.75"w          | \$55  |

Total Sponsorship & Advertisement amount: \$ \_\_\_\_\_

## Payment Information

Total Booth & Rep Fee(s): \$ \_\_\_\_\_

Sponsorship/Advertisement \$ \_\_\_\_\_

TOTAL AMOUNT DUE/ENCLOSED \$ \_\_\_\_\_

Prepayment or PO is required to reserve space.

Check Enclosed (payable to MHA)

Credit Card—to protect your privacy and financial information, all credit card registrations must be done online via our secure site. Visit [www.mtha.org](http://www.mtha.org) to register online.

**This Application for Exhibit Space is a contract. By submitting this application to MHA, you agree to the following:**

All booth space is assigned by MHA. MHA reserves the right to change the floorplan or booth assignments at any time. All booths must be prepaid or received with a purchase order. If you must cancel, all cancellations must be received in writing by MHA no later than March 2, 2012. MHA will refund your booth fees less a \$150 handling charge before March 2. **After March 2, no refunds will be made.**

Unless a written request for refund has been received by MHA prior to March 2, 2012, all exhibitors submitting this contract will be expected to pay the full price of any booths or sponsorships.

**"No-shows" will still be expected to pay.** If an exhibitor fails to pay the amount due in full, MHA will begin collection proceedings against the exhibitor, and the exhibitor agrees to pay all expenses of collection - including attorney's fees, court costs and related expenses to the amount owed.

Signature of Exhibitor Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**RETURN FORM AND  
PAYMENT  
BY MARCH 2 TO:**

**MHA...An Association of  
Montana Health Care  
Providers**

**1720 Ninth Avenue  
Helena, MT 59601**

**Phone: (406) 442-1911**

**Fax: (406) 443-3894**

**Tax ID: 81-0287203**

*Faxed registrations accepted with  
payment information.*