



# HOSPITAL MEDICINE 2018

## EXHIBITOR REGISTRATION FORM

 800-843-3360

 [exhibits@hospitalmedicine.org](mailto:exhibits@hospitalmedicine.org)

 267-535-2911

**Mail completed forms to:** Society of Hospital Medicine, Exhibits, P.O. Box 822898 Dept. 200E, Philadelphia, PA 19182-2898

### EXHIBITOR INFORMATION

Company Name	
Address	
City, State/Province, Zip/Postal	
Company Website (mandatory)	
Booth Coordinator/Contact Person	Title
Phone	Fax
Email (mandatory)	Please note: registration forms that do not include an email address or company website will not be processed.

### PRODUCT CATEGORY

- Billing, Coding and/or Documentation
- Consulting
- Device
- Diagnostics
- Education
- Hospital/Health System
- Hospitalist Management Company
- IT/Business Solutions
- Lifestyle Goods (Apparel, beauty & skin care etc.)
- Media/Publication(s)
- Nonprofit
- Pharmaceutical/Biotechnology
- Professional Society/Association
- Recruiting/Staffing Company
- Scribe Services
- Other: \_\_\_\_\_

### MAIN OBJECTIVE

Select your primary objective at HM18:

- Advertisement and/or public relations
- Business to business networking
- Lead generation
- Product promotion
- Product sales
- Public education
- Recruitment
- Other: \_\_\_\_\_

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## BOOTH LOCATION

Please view the real-time exhibit map for available booth locations.

SHM requests that you indicated 5 preferred locations when completing this version of the form.

- 1.
- 2.
- 3.
- 4.
- 5.

***If there are companies you do not wish to be near on the exhibit hall floor, please indicate those companies when you return your completed form.***

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## BOOTH PRICE

- |  |   |
|--|---|
| <input type="checkbox"/> <b>10x10 inside booth:</b> \$3,000  | <b>Premium booth pricing is:</b>                            |
| <input type="checkbox"/> <b>10x10 corner booth*:</b> \$3,300   | <input type="checkbox"/> <b>10x10 inside booth:</b> \$3,300 |
| <input type="checkbox"/> <b>10x20 booth:</b> \$6,725   | <input type="checkbox"/> <b>10x10 corner booth:</b> \$3,630 |
| <input type="checkbox"/> <b>10x30 booth:</b> \$38/sq. ft.  | <b>10x20 booth:</b> \$7,400                                 |
| <input type="checkbox"/> <b>Island booths:</b> \$40/sq. ft.  | <input type="checkbox"/> <b>Island booths:</b> \$42/sq. ft. |
| <input type="checkbox"/> <b>Nonprofit booth:</b> \$2,100 ( <i>nonprofit discounted pricing is only available for nonprofit companies who chose a 10x10 inside booth in the nonprofit section, shown in gray on the real-time exhibit map</i> ) |   |

***\*Corner booth assignment is based on availability and not guaranteed. Premium booths are notated in purple on the exhibit map.***

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## CONTRACT AGREEMENT & PAYMENT

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 Authorized Signature	
Title	Date / /

Check Enclosed **OR** Charge to the following:      

Cardholder Name												CVV					
Credit Card Number												Expiration Date	M	M	/	Y	Y
Total Charged	\$											Cardholder's Signature					