

ORDER FORM

Marriott Hotel
280 West Jefferson Street • Louisville, KY
May 1-4, 2011 • Exhibits: Tuesday, May 3, 2011

Company Info

Company Name:

Print or type your company name as you wish it to appear in the "Guide to our Exhibits" and on your Standard Exhibit Sign:

Exhibit Booths / Learning Annex / Repair Van

Exhibit Booth Space (10'x10' space 8:30am to 2:30pm)

- Corner Booth Cost (each): \$1,850
- Standard Booth Cost (each): \$1,750 (two standard booths included with 2011 Premium Partners, 1 standard booth included with Professional or Sustaining Partnerships; additional booth space charged at standard or corner booth rates)

1st Selection(s): _____ 2nd Selection(s): _____ 3rd Selection(s): _____

Learning Annex Space (20'x20' enclosed sound room, 2 hour periods each, \$1,750 per shift)

- \$1,750 for one 2 hour period (indicate time and location preference below) \$3,500 for two 2 hour periods (indicate location preference below)
- 1st Learning Annex Selection _____ 9:00am - 11:00am OR 12:00pm - 2:00pm
- 2nd Learning Annex Selection _____ 9:00am - 11:00am OR 12:00pm - 2:00pm
- 3rd Learning Annex Selection _____ 9:00am - 11:00am OR 12:00pm - 2:00pm

Please advise if there is a competitor or competitors that you do not wish to be placed next to in the exhibit area _____

Repair Van (20'x20' space 8:30am to 2:30pm)

- \$2,500 Selected Space _____ Quantity of 20'x20' spaces _____

Website Listing:

- We would like our online exhibitor listing on www.iahcsmm.org to link to our company website (Additional \$25 charge).
Our website url: _____

Authorized Representatives:

An email alert will be sent closer to show date. Please note, to receive educational credit for sessions, representatives must register individually as meeting attendees, and pay the current rate at time of purchase.

Partnerships

Partnership Opportunities: Premium Partnership \$10,000 Professional Partnership \$6,000 Sustaining Partnership \$3,500
 New Renew

- Check enclosed (added to total on second page of form)

Company _____

Name (print) _____ Title _____

Street Address _____ City/State/Zip _____

- Send Invoice Charge my credit card (added to total on second page of form)

To view 2011 inclusions for all partnerships, please visit us at
www.iahcsmm.org/VendorServices/partnershipOpportunities.html

Please note: All 2011 Partnerships must be paid in full no later than November 15, 2010

Sponsorship

Yes, we would like to maximize our exposure at the IAHCSSM Annual Meeting

Sponsorship Opportunities:

Our company would like to sponsor the following event(s): _____

We are interested in sponsoring the following giveaway: _____

- Please contact me to discuss details!**

Advertising Opportunities

Advertising Opportunities:

Guide to Exhibits

- Full Page Color Ad:\$1,000.00 (one full page included with 2011 Premium Partnership)
 - Half-page Ad:\$750.00 (included with 2011 Professional Partnership)
 - Quarter-page Ad:\$500.00 (included with 2011 Sustaining Partnership)
 - Color Company Logo:\$100.00
 - Back Cover Ad:\$2,500.00
- All prices are for color placement of supplied camera ready files.
 - Check enclosed (added to total on second page of form)
 - Charge my credit card (added to total on second page of form)

Meeting Program

- Inside Back Cover\$2,500

Submitted By

Company _____

Comments _____

Subtotals

- Booths \$ _____
- Website Listing \$ _____
- Learning Annex \$ _____
- Repair Van \$ _____
- Sponsorship \$ _____
- Advertising \$ _____
- Partnerships \$ _____
- Total Due** \$ _____
- Total Paid** \$ _____

Payment

- Check enclosed (made payable to: IAHCSSM Exhibits) \$ _____
- Charge my credit card the total amount of: \$ _____
- Mastercard Visa American Express Discover

Account Number _____ Expiration Date _____ CVV2 Number* _____

Signature _____ Printed Name as it appears on card _____

Credit Card Holder's Email Address (for receipt at time of purchase) _____

*(*For security precautions, credit card companies have added an additional 3 or 4 digit security number, listed on the front or back of your card.)*

Rules and Regulations:

- We agree to comply with all of the "Rules and Regulations for Exhibitors" and any other additional regulations deemed necessary by IAHCSSM or by the Hotel.

Name (print) _____ By (signature) _____ Title _____

Street Address _____ City/State/Zip _____

Telephone _____ Fax _____ E-mail _____

A minimum deposit of 50% of booth space plus full cost of add-ons (website listing, sponsorships, etc.) must accompany this request for exhibit space contract. Applications will not be processed nor space assigned without required minimum deposit. Failure to receive the balance payment 30 days prior to the meeting shall be interpreted that the exhibiting company no longer wanted the reservation space and shall be considered cancelled. New Partnerships and Partnership Renewals may elect to not send payment at this time and request an invoice. IAHCSSM will only invoice amounts due for Partnerships, and not for any other elected item such as additional booths, advertising, or website listing.

Mail form with payment to:
 Exhibits Coordinator / IAHCSSM, 213 West Institute Place, Suite 307, Chicago, IL 60610
 or if paying by credit card, fax to 312-440-9474.
 You may also register online at www.iahcsmm.org under the Vendor Services tab. Thank you.