

Exhibiting Agreement

To reserve your exhibit space, please complete the form below and email to mcornejo@nationalalliancehealth.org.

Company Name: _____ Email: _____

First Name: _____ Last Name: _____

Table Top Exhibit Fee: *National Health Leadership Council Member, coalition member, or employer member of a coalition and Affiliate

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|-----------------------------------|--------------|---------|-----------------|---------|
| 6 Foot Table & 1 Chair | Member* Rate | \$2,000 | Non-Member Rate | \$3,000 |
|-----------------------------------|--------------|---------|-----------------|---------|

Payment Information:

Check

[Click here to request for invoice to process by credit card](#)

Please make check payable to: National Alliance of Healthcare Purchaser Coalitions, 1015 18th St. NW, Suite 730, Washington, DC 20036 -- Nonprofit Tax ID #: 65-0328971

To **guarantee** space at the Leadership Summits, this application and full booth payment must be received **no later than Friday, May 31, 2019**.

Cancellation Policy: **Telephone cancellations will not be accepted.** Refunds will be made with a written notice of cancellation received before May 1, 2019. Refunds will be subject to a 25% cancellation fee. **No refunds will be given after June 1, 2019;** however, substitutions are permitted if received in writing. If, for any reason, this event is cancelled we do not accept responsibility for covering airfare, hotel, or other costs incurred.

Acceptance:

"I hereby acknowledge that space will not be assigned to our company if payment is not enclosed."

Company Representative's Signature

Date

Name

Title

Please note that **one complimentary registration** is included in the exhibit fee. All additional onsite exhibitors (beyond the one complimentary) must register online at the non-member or member rate. There will be no "exhibit hall only" passes distributed. **(Please note that you must register on-line. This form will not confirm your registration)**

Instructions to register:

1. Click on the registration link: <https://nationalalliancehealth.swoogo.com/leadershipsummits/begin>
2. Enter your email address
3. For the registration type, choose "Member" or "Nonmember" depending
4. In the "Discount Code" area, **enter EXHIBITORLS2019 (This code is valid for one (1) exhibitor registration)**
5. Enter all personal information and other registration fields
6. Confirm registration

When registering please be prepared to upload the following:

- o A short paragraph in WORD FORMAT (approximately 150 words or less) describing our company for the section of the conference book acknowledging exhibitors.
- o Company logo (JPG or PNG)