



Kentucky Association of Health Care Facilities

2018 KAHCF Exhibit Contract

Galt House Hotel - Louisville, KY - November 13-14

Print or Type information as it should appear on signs and printed materials.

Company Name _____

Products/Services Exhibiting _____

Exhibit Contact - Information will appear in the Convention App
Name _____

Email _____

Telephone _____ Website _____

Key Contact - Person responsible for coordinating all logistics regarding the Expo and will receive all information relating to the expo (exhibitor kit, shipping forms, instructions, attendee lists)

Name _____

Email _____

Telephone _____ Website _____

Address _____

City _____ State/Zip Code _____

Fees are due in full by October 1, 2018

Contracts received after October 1st, must be accompanied by credit card information or money order. See Exhibitor Information and Regulations for cancellation and refund policy.

Return contract to KAHCF

- **Mail contract** - KAHCF
9403 Mill Brook Rd
Louisville, KY 40223
- **Email contract** - mstivers@kahcf.org
- **Fax Contract** - (502)425-3431
- Contact Margaret Stivers at (502)425-5000 or mstivers@kahcf.org with any questions.

By the execution of this contract, the undersigned verifies that it has read and understands the Exhibitor Rules and Regulations which are incorporated herein by reference.

Authorized Signature _____ Date _____

Print Name _____ Title _____

____ I authorize KAHCF to fax or email information regarding expo details or other KAHCF information.

It is understood that acceptance of this application to exhibit does not constitute any endorsement by KAHCF of the products and/or services offered by the Exhibitor, and the Exhibitor agrees to do nothing that would suggest otherwise. A copy of this form will be returned to you at your request.

.....For KAHCF Use.....
Exhibit Space Assigned

Authorized by Angela Q. Porter

Date Recd. _____	Confirmation Sent _____
Payment Recd. _____	

Please reserve _____ exhibit space(s).

Location preferences:

#1 _____ #2 _____ #3 _____ #4 _____

Although it is our intent to place exhibitors in their requested space, it may not always be possible due to high demand.

List competitors or companies you prefer not to be located next to or across from:

Exhibit Space Information

Check the member/exhibitor type that applies

KAHCF Platinum Member- No Charge
2nd booth as benefit option - No charge
Fee includes: 1 skirted table, 1 chair per booth

KAHCF Gold Member - No Charge
Fee includes 1 skirted table, 1 chair
2nd booth - \$600 - includes 1 skirted table

KAHCF Gold Member NEW booth option
Booths #2000-2005 (see layout) are 6'x18' -
These booths are an additional \$600
Fee includes 2 skirted table, 1 chair

KAHCF Silver Member - \$1,100
Does NOT include furniture
2nd booth - \$700

Non Member/Past Exhibitor - \$1,200
Does NOT include furniture
2nd booth - \$700

First Time Exhibitor - \$1,100
Does NOT include furniture
2nd booth - \$700

Cash Door Prizes - Booth Traffic Builder

Vendors may contribute \$35 to the KAHCF cash prize drawings. A great way to build traffic at your booth. Attendees must visit your booth in order to participate in a drawing/contest. Participants may win one of several cash door prizes.

Yes, we would like to participate for an additional \$35.

Total Cost: \$ _____

Payment Information

Check Mastercard Visa AMEX

Card #: _____

Expiration Date: _____

Name on Card: _____

Address: _____

Authorized Signature