

2010 KAHCF Trade Show Exhibit Contract

Galt House Hotel - Louisville, KY - November 9-10

PRINT or TYPE information as it should appear on signs and printed materials

COMPANY NAME _____

CONTACT PERSON

Information will appear in the convention on-site program guide

Name _____

Telephone _____

Email _____ Website _____

PRINT **brief** description of products and/or services (10 WORDS OR LESS). Description will appear in the convention program provided onsite - **MUST BE REGISTERED BY OCTOBER 1ST TO BE INCLUDED.** Space is limited - material is subject to editing.

MAIN CONTACT PERSON

Provide name, mailing, and email addresses of the person responsible for coordinating all logistics regarding the KAHCF Trade Show. **The exhibitor kit, including shipping forms, instructions, and any additional information, will be sent to this person.**

Contact _____ Title _____

This person should review the Trade Show Contract in its entirety

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Email address is required for pre- and post-conference attendee lists that will be sent only to main contact person.

Door Prize Information

Vendor Provided Door Prizes

Vendor's door prizes will be displayed at the vendor booths. Entry forms for prize drawings must be provided by the vendor. Vendor door prize winners will be posted on a message board. KAHCF is not responsible for getting prizes to winners.

Cash Door Prizes - Booth Traffic Builder

Vendors may contribute \$30 to the KAHCF cash prize drawings. *A great way to build traffic at your booth.* Attendees must visit your booth to sign up for the cash door prizes. Several cash prizes will be awarded throughout both days of the Trade Show. Participating exhibitors will be recognized on signage at the entrance to the trade show and attendees will be given a list of exhibitors to visit to sign up for the drawings.

Yes, we would like to participate in the cash prize drawings with other vendors for an additional \$30.

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 trade show details or other KAHCF information

A signed copy of this contract will be returned to you indicating final assigned space and acceptance by the Kentucky Association of Health Care Facilities. It is understood that acceptance of an application to exhibit does not constitute any endorsement by the Kentucky Association of Health Care Facilities of the products and/or services offered by the Exhibitor, and the Exhibitor agrees to do nothing that would suggest or imply otherwise.

Whenever possible, space will be assigned according to the exhibitor's request; however, final booth assignment will be determined by KAHCF.

Number of exhibit booths you want _____

Please list your choice(s) of location

#1 _____ #2 _____ #3 _____

LIST COMPANIES YOU PREFER NOT TO BE LOCATED NEXT TO OR ACROSS FROM:

Exhibitor Type (check one that applies)

- KAHCF Platinum Member - N/C**
second booth as benefit option - N/C
- KAHCF Gold Member - N/C first booth**
second booth - \$600
- KAHCF Silver Member - \$800 + furniture**
second booth - \$600
- Non Member/Past Exhibitor - \$975 + furniture**
second booth - \$800
- First Time Exhibitor - \$850 + furniture**
second booth - \$700

Credit Card Payment

Mastercard Visa

Card # _____

Expiration Date _____

Name on Card _____

Address _____

Authorized Signature _____

All fees are due in full by October 1st

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.**

- **Mail** contract with check -
KAHCF
9403 Mill Brook Rd
Louisville, KY 40223
- **Email** contract - jsmith@kahcf.org
- **Fax** contract - (502) 425-3431
- **Questions?** Contact Janice Smith, Public Affairs Coordinator at (502) 425-5000 or jsmith@kahcf.org

KAHCF Use

KAHCF has verified payment and hereby leases booth number(s).

Angela Q. Porter, KAHCF

Date