

# FHCA 2017 TRADE SHOW EXHIBIT CONTRACT

## EXHIBITOR INFORMATION

**PRINT or TYPE information AS IT SHOULD APPEAR on all signs and printed materials.**

Company Name \_\_\_\_\_

Primary Contact \_\_\_\_\_ Title \_\_\_\_\_  
*(for published materials)*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Primary E-mail \_\_\_\_\_ Website \_\_\_\_\_

Courtesy Contact \_\_\_\_\_ Title \_\_\_\_\_  
*(to receive logistical communications)*

Phone \_\_\_\_\_ Courtesy E-mail \_\_\_\_\_

### A) BOOTH COSTS

**Before Friday, May 5, 2017**

FHCA Member \_\_\_\_\_ Nonmember \_\_\_\_\_  
 \_\_\_ \$925                      \_\_\_ \$1,725

**After Friday, May 5, 2017**

FHCA Member \_\_\_\_\_ Nonmember \_\_\_\_\_  
 \_\_\_ \$1225                      \_\_\_ \$2025

### B) MEMBER DUES

**Become a member and purchase your booth at the member rate!**

FHCA Associate Member Dues \_\_\_\_\_ \$625

FHCA Associate Plus Member Dues \_\_\_\_\_ \$825

*\*Discount your dues payment \$25 if you pay in full prior to January 31, 2017.*

**Associate Member Support Committee (AMSC) Dues \_\_\_\_\_ \$150**

Referral: *(please list member name or how you heard of us):* \_\_\_\_\_

List below competing companies you **DO NOT** wish to be near

\_\_\_\_\_

#### IMPORTANT

Please review the floor plan and indicate booth preference. An updated floor plan can be found at [www.fhcaconference.org](http://www.fhcaconference.org).

Number of booths: \_\_\_\_\_

#### Booth Choices:

- 1<sup>st</sup> Choice \_\_\_\_\_
- 2<sup>nd</sup> Choice \_\_\_\_\_
- 3<sup>rd</sup> Choice \_\_\_\_\_
- 4<sup>th</sup> Choice \_\_\_\_\_
- 5<sup>th</sup> Choice \_\_\_\_\_

### COST BREAKDOWN:

A) No. Booth(s) \_\_\_\_\_ x \$ \_\_\_\_\_ *(booth cost)* \$ \_\_\_\_\_  
 (discount \$100 for each additional booth) - \$ \_\_\_\_\_

**B) FHCA ASSOCIATE MEMBER DUES** \$ \_\_\_\_\_

**AMSC Dues** \$ \_\_\_\_\_

\*Sponsorship Amount \$ \_\_\_\_\_

\*Brochure/Program Advertisement \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

*\*See the Exhibitor Prospectus for details on pricing*

### PAYMENT

Check payable to FHCA or **Charge my:**

American Express     MasterCard     VISA     Discover

Card No. \_\_\_\_\_

Name \_\_\_\_\_

Exp. \_\_\_\_\_ Sec. Code \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

*FHCA use only*

Member No.	Date Received	Payment	Booth(s) Assigned	Processed

**PLEASE NOTE**

The Contact Person named on the front side of this form, as well as the person submitting the form (if different), will be sent an Exhibitor Services Kit from Global Experience Specialists (GES), including shipping forms, instructions, and any additional information by e-mail. FHCA will also use e-mail to send the pre- and post-conference attendee lists as well as other important communications.

**SPECIAL SPONSORSHIPS**

Take advantage of the exposure and recognition your company will gain by becoming a Special Sponsor! We offer a variety of opportunities, as well as price ranges. See the Sponsorship Opportunities in the Exhibitors Prospectus or contact Jenny Early via phone at (800) 771-3422 or email at [jearyl@fhca.org](mailto:jearyl@fhca.org). If you would like to purchase a sponsorship at this time, please include payment on the reverse and indicate the sponsorship below:

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**PRODUCTS/SERVICES DESCRIPTION**

**PRINT** a description of your company’s products and/or services to be used in publication materials (25 words or less).

Use our description from the 2016 show.

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**PRIZES & PRIZE ANNOUNCEMENTS**

Provide a prize for attendees to win, right from your booth! A list of exhibitors and prizes will be published in conference materials. Prize information must be supplied to FHCA on or before **Friday July 1, 2017** to meet the publication deadline. Attendees must claim their prizes from exhibitors; exhibitors are responsible for delivering unclaimed prizes to the winners.

\_\_\_\_\_ Yes, we will supply a prize.                      Item: \_\_\_\_\_  
\_\_\_\_\_ No, we will not supply a prize.

**Please read the following information carefully. This Contract is invalid unless it is signed and dated below. Please send a copy of the trade show rules and regulations and this Contract to the person who will be responsible for the exhibit on-site at the Trade Show so that person will understand the terms of the contract.**

Florida Health Care Association (herein referred to as Show Management) is hereby authorized to reserve space for our use in the exhibit area July 31- August 1 for the FHCA 2017 Annual Conference & Trade Show at the Rosen Shingle Creek, Orlando, Florida. We agree to send the full payment for our booth(s), application for membership, and sponsorship, if applicable, with this contract. It is understood and agreed that Show Management will endeavor to assign space in accordance with our request. If our company wants to be near another company, the contracts and payments should be received together. In the event all our booth choices have been previously assigned, Show Management reserves the right to assign space as equitably as possible.

Cancellation must be in writing to and approved by Show Management. With notification received prior to June 9, 2017, a refund will be issued, minus an administrative fee of \$200 per booth cancelled. **After June 9, 2017, no refunds of any type will be issued. Companies which purchase booth space after June 9, 2017 will not be entitled to any refund.**

*As the authorized representative of my company, I have read the entire terms of the Contract and the rules and regulations contained in the FHCA Annual Conference Exhibitor Prospectus, which are incorporated herein by reference, and agree to accept and abide by all of this Contract and the rules and regulations outlined.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit this completed form with payment to FHCA by fax at (850) 681-2075 or mail at P.O. Box 1459, Tallahassee, FL 32302. E-mail Jenny Early at [jearyl@fhca.org](mailto:jearyl@fhca.org) with questions.**