

FHCA 2018 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 _____ Website _____

Primary E-mail _____

Courtesy Contact _____ Title _____
(to receive logistical communications)

Phone _____ Courtesy E-mail _____

A) BOOTH COSTS

Before Friday, April 27, 2018

FHCA Member _____ \$1,100
 Nonmember _____ \$2,500

After Friday, April 27, 2018

FHCA Member _____ \$1,400
 Nonmember _____ \$2,800

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, 2018.*

Associate Member Support Committee (AMSC) Dues _____ \$150

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

IMPORTANT

Please review the floor plan and indicate booth preference. *An updated floor plan can be found at www.fhcaconference.org.*

Number of booths: _____

Booth Choices:

1st Choice _____

2nd Choice _____

3rd Choice _____

4th Choice _____

5th Choice _____

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

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. If you would like to purchase a sponsorship at this time, please include payment on the reverse and indicate the sponsorship below:

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 2017 show.

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 June 1, 2018** 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 16- July 17 for the FHCA 2018 Annual Conference & Trade Show at the Diplomat Resort & Spa, Hollywood, 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 1, 2018, a refund will be issued, minus an administrative fee of \$200 per booth cancelled. **After June 1, 2018, no refunds of any type will be issued. Companies which purchase booth space after June 1, 2018 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 with questions.