

# Exhibitor Application Form

Nashville, TN | JW Marriott Nashville



## Exhibitor Information

|                                    |     |
|------------------------------------|-----|
| Company Name                       |     |
| Address                            |     |
| City, State/Province, Zip/Postal   |     |
| Company Website (mandatory)        |     |
| Exhibit Coordinator/Contact Person |     |
| Title                              |     |
| Phone                              | Fax |
| Email (mandatory)                  |     |

PLEASE NOTE: Registration forms that do not include an **email address** or **company website** will not be processed.

## Product Category

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Billing, Coding and/or Documentation | <input type="checkbox"/> Hospital/Health System         | <input type="checkbox"/> Pharmaceutical/Biotechnology     |
| <input type="checkbox"/> Consulting                           | <input type="checkbox"/> Hospitalist Management Company | <input type="checkbox"/> Professional Society/Association |
| <input type="checkbox"/> Device                               | <input type="checkbox"/> IT/Business Solutions          | <input type="checkbox"/> Recruiting/Staffing Company      |
| <input type="checkbox"/> Diagnostics                          | <input type="checkbox"/> Media/Publication(s)           | <input type="checkbox"/> Scribe Services                  |
| <input type="checkbox"/> Education                            | <input type="checkbox"/> Nonprofit                      | <input type="checkbox"/> Other: _____                     |

## Main Objective Select your primary objective at Leadership Academy:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Advertisement and/or public relations | <input type="checkbox"/> Lead generation   | <input type="checkbox"/> Public education |
| <input type="checkbox"/> Business to business networking       | <input type="checkbox"/> Product promotion | <input type="checkbox"/> Recruitment      |
|  | <input type="checkbox"/> Product sales     | <input type="checkbox"/> Other: _____     |

## Exhibit (Table space is limited)

**Exhibit Table:** \$2,000

**Additional Booth Staff:** \$50 per additional badge

(2 complimentary booth staff registrations are included with each exhibit table registration.)

## Sponsorship Opportunities

**Lanyards:** \$3,000

**Notebooks:** \$6,000

**Tote Bags:** \$8,000

**Pens:** \$2,000

**Mobile App:** \$10,000

**Welcome Reception (Nov. 4):**  
\$15,000 (booth included)

If a sponsorship is chosen a letter of agreement with all considerations associated with the sponsorship will be sent for signature and approval. For customized sponsorship packages please contact Theresa Jones (tjones@hospitalmedicine.org or 267-702-2653).

## Contract Agreement & Payment

We/I agree to abide by all requirements, restrictions, cancellation policies and obligations noted in the Exhibitor Contract, Rules and Regulations and all applicable legal requirements. This registration form becomes a binding agreement when accepted.

We/I agree to pay \$\_\_\_\_\_, 100% of the charge for the exhibit space as a part of this registration and contract.

|                               |          |
|-------------------------------|----------|
| Contract Authorized Signature |          |
| Title                         | Date / / |

Check enclosed


**OR**

Charge to the following:



|                    |    |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |                 |                        |   |   |   |
|--------------------|----|--|--|--|--|--|--|--|--|--|--|------|--|--|--|--|-----------------|------------------------|---|---|---|
| Cardholder's Name  |    |  |  |  |  |  |  |  |  |  |  | CVV# |  |  |  |  |                 |                        |   |   |   |
| Credit Card Number |    |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  | Expiration Date | M                      | M | Y | Y |
| Total Charged      | \$ |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |                 | Cardholder's Signature |   |   |   |

Please direct any questions, comments or payments to:

 Society of Hospital Medicine, Exhibits  
P.O. Box 822898, Dept. 200E  
Philadelphia, PA 19182-2898

 800-843-3360

 exhibits@hospitalmedicine.org

 267-535-2911

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Society of Hospital Medicine