20 YEARS LEADERSHIP ACADEMY

Oct. 19-22, 2026 | Scottsdale, AZ

Partner Registration Form

Partner Information

Company Name	
Address	
City, State/Province, Zip/Postal	
Company Website (Required)	
Partner Coordinator/Contact Person	Title
Phone	Fax
Email (Required)	

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

If a third party is representing the above-named exhibitor, please complete:

Representing Company Name & Full Address	Contact Person & Title

Booth Staff Personnel

Name	Title & Company	Email
Name	Title & Company	Email

Product Category (Please select one)

- ☐ Billing, coding, and/or documentation
- ☐ Consulting
- ☐ Device
- ☐ Diagnostics
- ☐ Education
- ☐ Hospital/Health System
- ☐ Hospitalist Management
- ☐ IT/Business Solutions
- ☐ Media/Publication(s)
- ☐ Nonprofit
- ☐ Pharmaceutical/Biotechnology
- ☐ Professional Society/Association
- ☐ Recruiting/Staffing Company
- ☐ Scribe Services
- ☐ Other:______________________

Main Objective (Select your primary objective in attending Leadership Academy)

- ☐ Advertisement and/or public relations
- ☐ Business-to-business networking
- ☐ Lead generation
- ☐ Product promotion
- ☐ Product sales
- ☐ Public education
- ☐ Recruitment
- ☐ Other:______________________

Exhibit (Table space is limited)

- ☐ **Exhibit Table:** $4,500
- ☐ **Additional Booth Staff:** $350 per additional badge
  (Two complimentary booth staff registrations are included with each exhibit table registration)

Sponsorship Opportunities (On-Site Pricing)

- ☐ **Lanyards:** $3,000
- ☐ **Pens:** $3,000
- ☐ **Notebooks:** $6,000
- ☐ **Mobile App:** $10,000
- ☐ **Tote Bags:** $8,000
- ☐ **October 19: Welcome Reception + Booth:** $26,000
- ☐ **Assemble an Expert Panel:** $26,000

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 the Business Development Team at bizdev@hospitalmedicine.org or 267-702-2679.

Contract Agreement

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 Authorizer Name (please print)	Contract Authorizer Signature
Title & Company	Date

Payment Information

$______ (Rate Selected Above) + $10* (Service Charge) = $_______Total Amount Due

☐ **Check Enclosed** (Payable to Society of Hospital Medicine)
Please remit payment in U.S. Funds drawn on U.S. bank.

All payments must be received and paid in full prior to being allowed to exhibit or sponsorship being deemed secured.

☐ **Charge Credit Card**
All requested credit card payments will receive an invoice and/or be contacted to provide payment details via phone.

Total Charged	$			,			.	

Please return your completed form to SHM's Business Development Team at bizdev@hospitalmedicine.org.

* We are committed to delivering the top-quality services and products our members and partners have come to expect and are also committed to being transparent when assessing respective fees. SHM is not immune to the increasing costs of technology, personnel, and other external fees that are beyond our control. To offset some of these increasing costs, the items you have purchased now come with a small $10 service charge. Thank you for your support.