

Order Form

IAHCSMM Annual Meeting
Town and Country Resort and Convention Center
May 2-5, 2010 • San Diego, CA

Company Info

Company Name:

Print or type your company name as you wish it to appear in the "Guide to our Exhibits" and on your Standard Exhibit Sign:

Exhibit Booths / Learning Annex

Exhibit Booth Space (8'x10' space 8:30am to 4:30pm each)

- Corner Booth Cost (each): \$1,850
- Standard Booth Cost (each): \$1,750
- 2 Standard Booths included with 2010 Premium Partner 1 Standard Booth included with 2010 Professional or Sustaining Partner
- 1st Selection(s): _____ 2nd Selection(s): _____ 3rd Selection(s): _____

Learning Annex Space (20'x20' enclosed sound room, 2 hour periods each)

- 2010 Premium Partner (no additional fee for one 2-hour period) \$2,500 (Non-2010 Premium Partner or a second 2-hour period for 2010 Premium Partner)
- 1st Learning Annex Selection _____ 10:30am-12:30pm OR 2:30pm-4:30pm
- 2nd Learning Annex Selection _____ 10:30am-12:30pm OR 2:30pm-4:30pm
- 3rd Learning Annex Selection _____ 10:30am-12:30pm OR 2:30pm-4:30pm

Please advise if there is a competitor or competitors that you do not wish to be placed next to in the exhibit area _____

Website Listing:

- We would like our online exhibitor listing on www.iahcsmm.org to link to our company website (Additional \$25 charge).
Our website url: _____

Authorized Representatives:

An email alert will be sent closer to show date. Please note, to receive educational credit for sessions, representatives must register individually as meeting attendees, and pay the current rate at time of purchase.

Partnerships

Partnership Opportunities: Premium Partnership \$9,000 Professional Partnership \$6,000 Sustaining Partnership \$3,000

- Check enclosed (*added to total at bottom of form*) New Renew

Company _____

Name (print) _____ Title _____

Street Address _____ City/State/Zip _____

- Send Invoice: Charge my credit card (*added to total at bottom of form*)

Sponsorship

Yes, we would like to maximize our exposure at the IAHCSMM Annual Meeting

Sponsorship Opportunities:

Our company would like to sponsor the following event(s): _____

We are interested in sponsoring the following giveaway: _____

- Please contact me to discuss details!

Advertising Opportunities

Advertising Opportunities:

Handout Book

- Inside Front Cover\$1,500 Tab face\$1,000
- Inside Back Cover\$1,500 Tab reverse\$1,000
- Back Cover\$2,500 Double Sided Slick\$2,000

Guide to Exhibits

- Premium Partners Full Page Color (included) Professional Partners 1/2 Page Color (included)
- Sustaining Partners 1/4 Page Color (included) Back Cover.....\$2,500

Meeting Program

- Inside Back Cover\$2,500
- All prices are for color placement of supplied camera ready files.
- Check enclosed (*added to total at bottom of form*)
- Charge my credit card (*added to total at bottom of form*)

Submitted By

Company _____

Comments _____

Subtotals

Booths \$ _____

Website Listing \$ _____

Learning Annex \$ _____ *(included with Premium Partner)*

Sponsorship \$ _____

Advertising \$ _____

Partnerships \$ _____

Total Due \$ _____

Total Paid \$ _____

Payment

Check enclosed (made payable to: IAHCSSM Exhibits) \$ _____

Charge my credit card the total amount of: \$ _____

Mastercard Visa American Express Discover

Account Number _____ Expiration Date _____ CVV2 Number* _____

Signature _____ Printed Name as it appears on card _____

Credit Card Holder's Email Address (for receipt at time of purchase)

*(*For security precautions, credit card companies have added an additional 3 or 4 digit security number, listed on the front or back of your card.)*

Rules and Regulations:

We agree to comply with all of the "Rules and Regulations for Exhibitors" and any other additional regulations deemed necessary by IAHCSSM or by the Hotel.

Name (print) _____ By (signature) _____ Title _____

Street Address _____ City/State/Zip _____

Telephone _____ Fax _____ E-mail _____

A minimum deposit of 50% of booth space plus full cost of add-ons (website listing, sponsorships, etc.) must accompany this request for exhibit space contract. Applications will not be processed nor space assigned without required minimum deposit. Failure to receive the balance payment 30 days prior to the meeting shall be interpreted that the exhibiting company no longer wished the reservation space and shall be considered cancelled. New Partnerships and Partnership Renewals may elect to not send payment at this time and request an invoice. IAHCSSM will only invoice amounts due for Partnerships, and not for any other elected item such as additional booths, advertising, or website listing.

Mail form with payment to:
 Exhibits Coordinator / IAHCSSM, 213 West Institute Place, Suite 307, Chicago, IL 60610
 or if paying by credit card, fax to 312-440-9474.
 You may also register online at www.iahcsmm.org under the Vendor Services tab. Thank you.