

# EXHIBIT SPACE CONTRACT

## Section 1: Mailing Information

Exhibiting Company \_\_\_\_\_  
*Upper and lower case letters*

Mailing Address \_\_\_\_\_

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

Company Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Company Web site \_\_\_\_\_

Information supplied above will be printed in the Convention & Show Directory. Company name will appear on booth ID sign as indicated above, unless otherwise instructed.

**Show Contact Person (Link to Exhibitor Service Kit, name badge registration form and show updates will be directed to this person)**

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

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

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ FAX ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

## Section 2: Booth Selection

We request the booth space(s) indicated below. If requested space has been previously allocated, CAHF may assign what it considers to be the best space available.

Preferred booth space choices (see floor plan)

1st	2nd	3rd	4th	5th

Specify companies you do NOT wish to be near. CAHF will attempt to accommodate your request, but reserves the right to make final determinations of space in the best interest of the show.

\_\_\_\_\_

### Circle TYPE of booth & Indicate QUANTITY

Type of Booth	# of Booths	ASSOCIATE MEMBER		NON-MEMBER	
		EARLY by 9/30	AFTER by 9/30	EARLY by 9/30	AFTER by 9/30
Standard 10 x 10		\$1,999	\$2,199	\$2,699	\$2,899
Each additional "non-corner" 10 x 10		\$1,000			
Corner 10 x 10		\$2,049	\$2,249	\$2,749	\$2,949
Flamingo Bingo Premium Booth (see ■ squares)		\$2,149	\$2,349	\$2,849	\$3,049
Super Quad (4 for the price of 2! – ANY 4-booth configuration) <b>reduced!</b>		\$4,098	\$4,298	\$5,498	\$5,698
FIRST TIME CAHF Exhibitor Standard & corner booths ONLY (No Super Quads or Premium Booths)		\$1,249	\$1,449	\$1,949	\$2,149

Pricing includes lead retrieval device & access to CAHFConnectionsCenter

**NEW!**

In accordance with the aforementioned sums, CAHF hereby leases \_\_\_\_\_ booth(s) for a total cost of \$ \_\_\_\_\_ at its 2011 Expo pursuant to the Rules and Regulations as defined and published in this brochure.



**Show: November 14 & 15, 2011**

Palm Springs Convention Center

Oasis Exhibit Halls 1- 5

Palm Springs, CA



### Bring a Friend *Increased Savings!*

Save \$150 on the cost of your booth for EVERY new company you bring into the 2011 show. Credits will be issued post-show pending "friends" 2011 show participation.

### Expand Your Booth Size for Less

The visual impact of an exhibit can influence the buying decisions of over 60% of attendees. Stand apart from the crowd by taking advantage of our reduced additional booth pricing.

### First Time CAHF Exhibitor Pricing

Our special pricing for exhibitors new to the show offers cost-savings for all budgets. Listing in the Convention & Show Directory will indicate a "NEW" icon for easy identification.

### Map Yourself

Make sure buyers know where you are! Purchase a 10 x 20 booth or larger and have your company name printed on the on-site show map.

## Section 3: Convention & Show Directory

TYPE or PRINT using upper and lowercase letters, a brief (50 words or less) product or service description for listing in the on-site program. Attach separate page, if necessary.

**Contract must be received by October 14 for program inclusion.**

Use our description from the 2010 Convention & Show Directory

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





## Section 4: Category

Indicate two (2) categories under which your company is to be listed in the on-site program. Additional categories are \$25 each. If categories are not selected, you will not be listed in this section.

- Accounting/Financial
- ADA Compliance
- Alarms/Emergency Response/  
Nurse Call Systems
- Ambulance-Emergency/  
Non-Emergency
- Architecture/Design & Construction
- Banking
- Bereavement Gifts
- Billing
- Cable/Satellite TV
- Cleaning & Housekeeping
- Clinical Consultants
- Communications
- Computer Hardware, Software,  
Technology & Mobile Computing
- Cost Reports
- Crisis Response & Management
- Dental Products/Svcs
- Dietary Consulting & Management
- Durable Medical Equipment
- Education/Training
- Electronics
- Employee Benefits
- Employee Recognition/Awards
- Employment/Recruiting/  
Labor Relations/Staffing
- Energy Solutions
- Enteral Nutrition
- Environmental Svcs
- Fall Prevention
- Financing
- Food & Beverage Products/  
Svcs/Equipment
- Furniture/Room Furnishings
- Group Purchasing
- Health Maintenance/Health Care
- Home Health
- Hospice
- Identification
- Incontinence/Skin Care/Wound Care
- Info/Records Systems
- Infusion/Intravenous Therapy
- Insurance & Risk Management
- Interior Design
- Laboratory
- Laundry Equipment/Svcs
- Leasing Equipment
- Legal Svcs
- Lifters/Transfers/Wheelchairs/  
Fall Prevention
- Linens/Textiles/Clothing
- Management/Consulting
- Marketing Svcs & Products
- Medical Equipment/Supplies
- Medication Distribution
- Mental/Behavioral Health
- Oxygen/Respiratory
- Payroll & Human Resource Systems
- Pharmaceutical Supplies/Svcs
- Podiatry Svcs
- Radiology/Diagnostics/X-Ray/Ultrasound/  
Imaging
- Real Estate
- Rehabilitation
- Reimbursement/Info Systems
- Roofing/Waterproofing
- Subacute Svcs
- Therapy Beds/Mattresses/Tables
- Transportation

\$25 x \_\_\_\_\_ additional categories = \$ \_\_\_\_\_

Add this total under Payment Options - Section 6



## Section 5: Payment Schedule

- **Signed** Exhibit Space Contract and 50% of total booth cost **must be received within 2 weeks of booth selection.**
- Full payment is due **October 14, 2011.** Invoice will be mailed on or before **September 9, 2011.**
- Full payment must accompany all Exhibit Space Contracts received after October 14, 2011 and all early bookings must be paid in full by this time. No exhibitor will be allowed on the show floor with an outstanding balance.
- The exhibit contract is subject to cancellation if payment is not received as scheduled.

## Section 6: Payment Options

CAHF Federal Tax ID#: 94-1507532

Enclose 50% or more of the total booth cost.

- Enclosed is \$ \_\_\_\_\_ for **additional** categories **Section 4.**
- Enclosed is \$ \_\_\_\_\_ check payable to CAHF
- Charge \$ \_\_\_\_\_ to credit card below
  - MasterCard       Visa       AmEx

Name on Card \_\_\_\_\_

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Security Code \_\_\_\_\_

Signature \_\_\_\_\_

## Section 7: Cancellation Policy

Notification of booth space cancellation or reduction of space must be made in writing. Cancellations sent via fax will be accepted at 916-441-6441. Any cancellation or reduction of booth space **for any reason** is subject to the following refund schedule and terms:



Written Notification Received by CAHF	Amount Retained
On or before <b>September 30, 2011</b>	\$150 administrative fee
<b>September 30 to October 14, 2011</b>	50% of total booth cost
<b>AFTER October 14, 2011</b>	100% of total booth cost*

\*There will be no refund for exhibitors who for any reason do not exhibit at the 2011 CAHF Expo and have not submitted a written cancellation request prior to the deadlines outlined above.

## Section 8: Authorization to Exhibit

By signing this contract, you understand that it may not be possible to be assigned one of your preferred choices. CAHF will try to make assignments in the requested area(s). Assignment of space by CAHF is considered accepted unless otherwise notified by phone. CAHF makes no representations or warranties with respect to the demographic nature and/or number of exhibitors and/or attendees. The Rules and Regulations that follow this contract are incorporated herein by this reference as though set forth in full.

Authorized Person (PRINT) \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Date \_\_\_\_\_

CAHF Use Only:

Accepted By \_\_\_\_\_

Sherry Hall, CEM  
Meeting Coordinator/Exposition Manager  
California Association of Health Facilities

Date \_\_\_\_\_

## Section 9: Contract Mailing Information

Send completed form with payment to:

California Association of Health Facilities  
ATTN: Sherry Hall  
2201 K Street, Sacramento, CA 95816-4922  
Phone: 916-441-6400 x204 Fax: 916-446-4454 E-mail: shall@cahf.org

Copy of the contract will be returned for your records.

CAHF USE ONLY

**Booth Deposit**

Check# \_\_\_\_\_ Amount \_\_\_\_\_ CC Amount \_\_\_\_\_

**Balance**

Check# \_\_\_\_\_ Amount \_\_\_\_\_ CC Amount \_\_\_\_\_

Order # \_\_\_\_\_

