

2019 SPONSOR AND EXHIBITOR CONTRACT

Missouri Hospital Association Convention and Trade Show • Nov. 6-8, 2019 • Margaritaville Lake Resort/Tan-Tar-A Conference Center, Osage Beach, Mo.

COMPLETE THE FOLLOWING EXACTLY AS IT SHOULD APPEAR IN MHA CONVENTION PUBLICATIONS.

Company Name: _____

Company Address: _____
CITY STATE ZIP

Phone: _____ Website Address: _____

Company Description (1-2 sentences maximum): _____

COMPANY CONTACT PERSON (Note: Individual attendee registration will begin in early September.)

Name: _____ Title: _____

Company Address: _____
(IF DIFFERENT FROM ABOVE) CITY STATE ZIP

Phone: _____ Email: _____
(IF DIFFERENT FROM ABOVE)

How did you hear about us?: _____

PLEASE INDICATE PARTICIPATION

CONVENTION SPONSORSHIPS		CATEGORIES									
<input type="checkbox"/> \$15,000+ / DIAMOND (complimentary booth and color ad) Choice of one of four event sponsorships. <input type="checkbox"/> Thursday general session sponsor (two available) <input type="checkbox"/> Friday general session sponsor (two available)		<input type="checkbox"/> Ancillary Services ___ Ambulance Services ___ Emergency Services/ Emergency Preparedness ___ Insurance ___ Laboratory ___ Pharmacy/340B									
<input type="checkbox"/> \$10,000 / PLATINUM (complimentary booth and color ad) Choice of one of two sponsorships. <input type="checkbox"/> Wi-Fi password sponsor <input type="checkbox"/> Sponsorship of on-site registration desk		<input type="checkbox"/> IT/Telecommunications ___ Information Technology ___ Telecommunications ___ Telemedicine									
<input type="checkbox"/> \$5,000 / GOLD (complimentary booth and color ad)		<input type="checkbox"/> Management/Administration ___ Education ___ Human Resources/Benefits ___ Management/Consulting ___ Marketing ___ Staffing									
<input type="checkbox"/> \$3,000 / SILVER (complimentary <input type="checkbox"/> booth OR <input type="checkbox"/> color ad)		<input type="checkbox"/> Facilities/Plant Operations ___ Architecture/Construction ___ Facilities/Plant Operations ___ Rental Equipment ___ Storage Logistics									
<table border="1"> <thead> <tr> <th colspan="2">EXHIBITOR</th> </tr> <tr> <th></th> <th>On or before July 1, 2019</th> <th>After July 1, 2019</th> </tr> </thead> <tbody> <tr> <td>BOOTH:</td> <td><input type="checkbox"/> \$1,000</td> <td><input type="checkbox"/> \$1,100</td> </tr> </tbody> </table>		EXHIBITOR			On or before July 1, 2019	After July 1, 2019	BOOTH:	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,100	<input type="checkbox"/> Patient Care ___ Patient Care ___ Population Health ___ Quality Management/Patient Safety	
EXHIBITOR											
	On or before July 1, 2019	After July 1, 2019									
BOOTH:	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,100									
		<input type="checkbox"/> Other ___ Association/Allied Organizations ___ Government Agency									
		<input type="checkbox"/> Finance ___ Finance/Banking/Collection ___ Fundraising/Donor Relations									
BOOTH / EXHIBIT HALL INFORMATION											
Number of booths: _____ Booth preference: _____ Exhibiting firms that you prefer NOT to be located near: _____											

PAYMENT METHOD

(Once the contract has been completed and returned, an invoice will be emailed to you. You may then submit payment by credit card or check.)

The undersigned hereby makes application for sponsor/exhibitor space at MHA's 97th Annual Convention & Trade Show. This agreement is governed by the terms and conditions set forth in MHA's exhibit specifications and guidelines (available at www.mhanet.com), which are hereby made a part of this agreement by reference. Acceptance of this application by the Missouri Hospital Association constitutes a binding agreement between the Missouri Hospital Association and the sponsor/exhibitor.

Signed: _____ Date: _____
(COMPANY REPRESENTATIVE)

Title: _____

Signed: _____ Date: _____
(MHA REPRESENTATIVE)

Send contract to Gwen Pelzer at MHA: P.O. Box 60, Jefferson City, MO 65102
 Phone: 573/893-3700, ext. 1335 • Fax: 573/893-2809 • Email: gpelzer@mhanet.com