



**PRINT or TYPE information as it should appear ON SIGNS AND PRINTED MATERIALS**

**1. COMPANY NAME** \_\_\_\_\_

**Products/Services Exhibiting :** \_\_\_\_\_

**2. CONTACT PERSON** — *Information will appear in the Convention App*

Name \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_ Website \_\_\_\_\_

**3. KEY CONTACT** — **Person responsible for coordinating all logistics regarding the Trade Show and will receive all information relating to the trade show (exhibitor kit, shipping forms, instructions, attendee lists)**

Name \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_ Website \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

**Cash Door Prizes - Booth Traffic Builder**

Vendors may contribute \$35 to the KAHCF cash prize drawings. A great way to build traffic at your booth. Attendees must visit your booth in order to participate in a drawing/contest. Participants may win one of several cash door prizes.

**Yes**, we would like to participate in the cash prize drawings with other vendors for an additional

***Fees are due in full by October 1st***

**Contracts received after October 1st**, must be accompanied by credit card information or money order. See Exhibitor Information and Regulations for cancellation and refund policy.

- **Mail** contract with check - KAHCF  
 9403 Mill Brook Rd  
 Louisville, KY 40223
- **Email** contract - [jsmith@kahcf.org](mailto:jsmith@kahcf.org)
- **Fax** contract - (502) 425-3431
- **Questions?** Contact Janice Smith at (502) 425-5000 or [jsmith@kahcf.org](mailto:jsmith@kahcf.org)

*By the execution of this contract, the undersigned verifies that it has read and understands the Exhibitor Rules and Regulations which are incorporated herein by reference.*

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

Print Name \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_ I authorize KAHCF to fax or email information regarding trade show details or other KAHCF information

A signed copy of this contract will be returned to you indicating final assigned space and acceptance by the Kentucky Association of Health Care Facilities. It is understood that acceptance of an application to exhibit does not constitute any endorsement by the Kentucky Association of Health Care Facilities of the products and/or services offered by the Exhibitor, and the Exhibitor agrees to do nothing that would suggest or imply otherwise.

**Whenever possible, space will be assigned according to the exhibitor's request; however, final booth assignment will be determined by KAHCF.**

Number of exhibit booths you want \_\_\_\_\_  
 Please list your choices of location

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

**LIST COMPANIES YOU PREFER NOT TO BE LOCATED NEXT TO OR ACROSS FROM:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Exhibitor Fees**

Check the member/exhibitor type that applies

**KAHCF Platinum Member - No charge**  
 2nd booth as benefit option - No charge  
 Fee includes: 1 skirted table, 1 chair per booth

**KAHCF Gold Member - No charge**  
 Fee includes 1 skirted table, 1 chair  
 2nd booth - \$600 - includes 1 skirted table

**KAHCF Silver Member - \$1,100**  
 Does NOT include furniture  
 2nd booth - \$700

**Non Member/Past Exhibitor - \$1,100**  
 Does NOT include furniture  
 2nd booth - \$700

**First Time Exhibitor - \$1,000**  
 Does NOT include furniture  
 2nd booth - \$700

**Credit Card Payment**

Mastercard  Visa  AMEX

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized Signature

**KAHCF Use**

KAHCF has verified payment and hereby leases booth number(s).

\_\_\_\_\_

Angela Q. Porter, KAHCF

\_\_\_\_\_

Date