



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
- **Fax** contract - (502) 425-3431
- **Questions?** Contact Janice Smith at (502) 425-5000 or 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 (do not accept AMEX)

Mastercard Visa

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