

15th Annual Financial Management Conference & Exposition

JULY 29-31, 2009 • WESTIN BOSTON WATERFRONT • BOSTON, MA

Application and Contract for Exhibit Space

Company / Organization: _____
(as you want it to appear on your booth ID sign and listing to attendees)

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Email: _____

Phone: _____ Fax: _____

Website: _____

Booth Selection: Booths are **\$1,250 for each NAHC Associate Member booth; \$1,650 for each Non-Member booth.** Review the attached floor plan carefully and select four locations. Two contiguous booths may be selected, subject to management approval.

Booth Selections:

1st: _____ **2nd:** _____ **3rd:** _____ **4th:** _____

Please list the companies you do not wish to be near: _____

The National Association for Home Care and Hospice is hereby requested and authorized to reserve exhibit space for use during the 2009 Financial Management Conference & Exposition taking place at the Westin Boston Waterfront Hotel on July 29-31, 2009, in Boston, Mass. It is understood and agreed that all space will be assigned on a first-come, first-served basis, and that Association Management reserves the right to assign exhibitors to the best alternate space in the event that all four choices are already reserved, and to make reasonable shifts in location for the benefit of the exhibitor or betterment of the Home Care and Hospice Exhibit.

Signed contract and full payment must be received by June 29, 2009.

Cancellations must be submitted in writing postmarked by June 29, 2009, will incur a penalty totaling 50% of the exhibit space cost. Exhibitors canceling after June 29, 2009, will be held liable per this contract for the total cost of the exhibit space.

I have read and understand the contents of this page:

Please sign here: _____

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“The exhibitor assumes all responsibility for any and all loss, theft or damage to exhibitor’s displays, equipment and other property while on the Westin Boston Waterfront Hotel premises, and hereby waives any claim or demand it may have against the Westin Boston Waterfront Hotel or its affiliates arising from such loss, theft or damage. In addition, the exhibitor agrees to defend (if requested), indemnify and hold harmless The National Association for Home Care & Hospice and the Westin Boston Waterfront Hotel and their respective parent, subsidiary and other related or affiliated companies from and against any liabilities, obligations, claims, damages, suits, costs and expenses, including without limitation, attorneys’ fees and costs, arising from or in connection with the exhibitor’s occupancy and use of the exhibition premises or any part thereof or negligent act, error or omission of the exhibitor or its employees, subcontractors or agents.” The exhibitor understands that neither the National Association for Home Care & Hospice nor the Westin Boston Waterfront Hotel maintains insurance covering the exhibitor’s property or lost revenue, and it is the sole responsibility of the exhibitor to obtain such insurance.

We agree to abide by the terms and conditions set forth in this contract, and that I am an authorized agent of the exhibitor and when countersigned by NAHC, this application becomes a contract.

Total Exhibit Booth Cost: _____ **NAHC Associate Member #** _____

Please Sign Both Pages of the Contract

Company Name: _____

Authorized Signature: _____

Print Name: _____

Title: _____ Date: _____

Make checks payable to NAHC and Mail to NAHC Exhibits Dept., 228 7th Street SE, Washington, DC 20003

Or use: VISA MASTERCARD AMEX Discover

Credit Card # _____ Exp. Date: _____

Amount: \$ _____ Signature: _____

Name as appears on the card: _____

NAHC use only:

Booth Number Assigned: _____ Date: _____

NAHC Signature: _____