



EXHIBITOR NAME BADGE FORM

HHFMA 15th Annual
 Financial Management Conference & Exposition
 July 29-31, 2009
 July 29 and 30-Exposition Hall Open
 Boston, MA

Company Name, Contact: _____
 ID# and Booth #: _____

As an official exhibitor participating in the NAHC & HHFMA 15th Annual Financial Management Conference & Exposition, you are entitled to two (2) complimentary full conference registrations (a value of over \$1,000.00+/-). The registrations include two full conference registrations, final programs, and access to educational workshops, opening reception, two (2) luncheons as well as networking with over 500+ conference attendees. The registration badges however do not include continuing education credit (CEU's), if you need CEU's please contact NAHC for more details.

Please list below the company representative scheduled to staff your exhibit booth. If you have purchased a large exhibit booth, please make copies of this form.

<u>First/Last</u>	<u>Company/City/State</u>	<u>Email</u>
1) _____ Comp	_____	_____
2) _____ Comp	_____	_____
3) _____ Additional	_____	_____
4) _____ Additional	_____	_____
5) _____ Additional	_____	_____
6) _____ Additional	_____	_____

Additional name badges beyond the (2) per-booth may be purchased in advance for \$100.00 each.

Total Additional Badges ____ X \$100.00 = \$ _____ (enclose check made payable to NAHC) or provide Credit card payment method.

Visa Master Card Amex Card #: _____ Exp. Date _____
 Card Holder's Name _____ Signature _____



Additional Educational Opportunities Available!

Pre-Conference Educational Sessions – Now there are Three Tracks!

The following Pre-Conferences are running concurrently from 9:00 a.m. to 3:00 p.m. on Wednesday, July 29, 2009. Lunch is included.

Cost: \$150 Member \$250 Non-Member.

You can only register for one of these pre-conferences:

- Pre-Conference One – Sessions 601/602
Getting the Greatest Value from Home Care and Hospice Technologies
- Pre-Conference Two – Sessions 701/702
Establishing Financial Systems and Making the Cost Report Work for All
- Pre-Conference Three – Sessions 801/802
Hospice Financial Management

Please visit www.nahc.org/meetings/FMC for the pre-conference descriptions as the meeting gets closer.

Payment Information:

Registrant Name: _____
Credit Card Type: _____ Name on Card: _____
Credit Card Account Number: _____ Exp. Date: _____
Card Holders Signature: _____