



3rd Annual Private Duty Home Care Leadership Summit & Exposition
Sunday and Monday, January 27- 28, 2008
Pointe Hilton Squaw Peak Resort
Phoenix, Arizona

Application and Contract for Exhibit Space

Exhibitor Information

Authorization and Payment Computation

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

Address _____

Contact _____ Email _____

Phone _____ Fax _____

Website _____

Booth Selection: Standard booths are **\$1,000** each 8'x10' booth space for **NAHC Associate Members** and **\$1,400** each 8'x10' booth space for **NAHC Non-Members**. Exhibitors are encouraged to use their booth space to conduct user group meetings and/or hold educational sessions in addition to a regular exhibit. Please review the floor plan carefully and select four exhibit locations. Two contiguous booths (8x10) may be selected, subject to management approval.

Booth Selections 1st _____ 2nd _____ 3rd _____ 4th _____

The National Association for Home Care & Hospice (NAHC) is hereby requested and authorized to reserve exhibit space for use during the 3rd Private Duty Home Care Leadership Summit & Exposition taking place at the Pointe Hilton Squaw Peak Resort **Sunday - Tuesday, January 27-29, 2008** in Phoenix, Arizona. It is understood and agreed that all space will be assigned on a first-come, first-served basis, and that NAHC reserves the right to assign exhibits 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 Exposition.

Signed contract and payment must be received by December 21, 2007 (Full payment by December 21, 2007 or later based on space available in exhibit hall)

I have read and understand the contents of this page (**sign here**) _____

(over)

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Cancellations must be submitted in writing and postmarked by December 21, 2007. Exhibitors canceling on or before December 21, 2007 will incur a penalty totaling 50 percent of the exhibit space cost. Exhibitors canceling after December 21, 2007 will be held liable per this contract for the total cost of exhibit space.

Exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of injury to persons of damage to exhibitor's displays, equipment, or other property brought upon the premises of the Pointe Hilton Squaw Peak Resort and agrees to indemnify, defend, and hold harmless the National Association for Home Care & Hospice, the Pointe Hilton Squaw Peak Resort, the official service contractor and their, owners, agents, affiliates, directors, officers, and employees against all claims of expense for such losses, including reasonable attorney's fees, arising out of the use of the Pointe Hilton Squaw Peak Resort premises, excluding any liability caused by negligence of National Association for Home Care & Hospice, the Pointe Hilton Squaw Peak Resort, or the official service contractor, or their owners, agents, affiliates, directors, officers and employees. The exhibitor understands that the National Association for Home Care & Hospice, Pointe Hilton Squaw Peak Resort and the official service contractor do not maintain insurance covering the exhibitor's property of 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

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 _____