

6th Annual Private Duty Home Care Leadership Summit & Exposition

January 23-25, 2011 • Westin Long Beach Hotel • Long Beach, CA



PRIVATE DUTY
HOMECARE
ASSOCIATION

NATIONAL ASSOCIATION FOR
HOME CARE & HOSPICE



HOMECARE & HOSPICE
National Association for Home Care & Hospice

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: Standard 8'x10' booths are **\$1,150 each for NAHC Associate Members** and **\$1,600 each for 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 6th Annual Private Duty Home Care Leadership Summit & Exposition taking place at the Westin Long Beach Hotel in Long Beach, California, on January 23-25, 2011. 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 20, 2010 (Full payment by December 20, 2010 or later based on space available in exhibit hall).

I have read and understand the contents of this page:

Please sign here: _____

(next, please)

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Cancellations must be submitted in writing and postmarked by December 20, 2010. Exhibitors canceling on or before December 20, 2010 will incur a penalty totaling 50 percent of the exhibit space cost. Exhibitors canceling after December 20, 2010 will be held liable per this contract for the total cost of the exhibit space.

Exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of injury to persons or damage to exhibitor's displays, equipment, or other property brought upon the premises of the Westin Long Beach Hotel and agrees to indemnify, defend, and hold harmless the National Association for Home Care & Hospice, the Westin Long Beach Hotel, 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 Westin Long Beach Hotel premises, excluding any liability caused by negligence of National Association for Home Care & Hospice, the Westin Long Beach Hotel, 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, Westin Long Beach Hotel and the official service contractor do not maintain 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: _____