

# Application and Contract for Exhibit Space

## National Association for Home Care and Hospice 2007 and 13th Financial Management Conference & Home Care and Hospice Exposition

July 18–19, 2007

The Westin Boston Waterfront Hotel  
Boston, Massachusetts

### Exhibitor Information

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

Address \_\_\_\_\_

Contact \_\_\_\_\_ Email address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Company website address \_\_\_\_\_

### Booth Selection

Booths are **\$1,000** each for **NAHC Associate Members** and **\$1,400** each for **NAHC Non-Members**. Please review the floor plan carefully and select four exhibit locations. Two contiguous booths may be selected, subject to management approval.

Booth Selections 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

### Authorization and Payment Computation

The National Association for Home Care and Hospice (NAHC) is hereby requested and authorized to reserve exhibit space for use during the 2007 Financial Management Conference & Exposition to be held at the Westin Boston Waterfront Hotel **July 18–19, 2007** in Boston, Massachusetts. 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 & Hospice Exhibit.

Signed contract and full payment must be received by June 18, 2007.

Cancellations must be submitted in writing and postmarked by June 18, 2007. Exhibitors canceling on or before June 18, 2007 will incur a penalty totaling 50% of the exhibit space cost. Exhibitors canceling after June 18, 2007 will be held liable per this contract for the total cost of exhibit space.

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

**(over)**

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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 Westn Boston Waterfront Hotel and agrees to indemnify, defend, and hold harmless the National Association for Home Care and Hospice, the Westn Boston Waterfront 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 Westn Boston Waterfront Hotel premises, excluding any liability caused by negligence of National Association for Home Care and Hospice, the Westn Boston Waterfront 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 and Hospice, the Westn Boston Waterfront Hotel, 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 Department      **Fax to:** (202) 547-4322  
228 7th Street SE  
Washington, DC 20003

Or use **VISA / MASTERCARD / AMEX** (circle one)

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Amount \_\_\_\_\_

Signature \_\_\_\_\_

Name as appears in the card \_\_\_\_\_

\*\*\*\*\*

**NAHC use only**

Booth Number Assigned \_\_\_\_\_ Date \_\_\_\_\_

NAHC Signature \_\_\_\_\_