

Application and Contract for Exhibit Space

National Association for Home Care and Hospice 2007 Private Duty Leadership Summit & Exposition

Monday and Tuesday, January 22–23, 2007

Hilton Scottsdale Resort & Villas

Scottsdale, Arizona

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

Standard Table Top 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 spaces 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 (8x10s) may be selected, subject to management approval.

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

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 Private Duty Leadership Summit & Exposition to be held at the Hilton Scottsdale Resort & Villas **Monday and Tuesday, January 22–23, 2007** in Scottsdale, AZ. 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 Exposition.

Signed contract and payment must be received by December 22, 2006 (Full payment by December 22, 2006 or later based on space available in exhibit hall)

Cancellations must be submitted in writing and postmarked by December 22, 2006. Exhibitors canceling on or before December 22, 2006 will incur a penalty totaling 50% of the exhibit space cost. Exhibitors canceling after December 22, 2006 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 Hilton Scottsdale Resort & Villas and agrees to indemnify, defend, and hold harmless the National Association for Home Care and Hospice, the Hilton Scottsdale Resort & Villas, 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 Hilton Scottsdale Resort & Villas premises, excluding any liability caused by negligence of National Association for Home Care and Hospice, the Hilton Scottsdale Resort & Villas, 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 Hilton Scottsdale Resort & Villas, 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 _____