**Please complete and return to:**

The Catholic Health Association of the United States

Attn: Paula Bommarito

4455 Woodson Road, St. Louis, MO 63134

Email: [CHAexhibits@chausa.org](mailto:CHAexhibits@chausa.org)

Fax: (314) 427-0029

I. In accordance with the provisions of the Exhibiting Rules and Regulations governing exhibits at the 2019 Catholic Health Assembly, the undersigned hereby makes application for exhibit space(s), that when accepted by The Catholic Health Association of the United States, becomes a contract.

II. The booth prices are as follows (for booth option descriptions please refer to [www.chausa.org/exhibitors](http://www.chausa.org/exhibitors)):

Option A Option B Option C

**CHA Member** 10’ x 10’ – $1,395 10’ x 10’ – $1,585 10’ x 10’ – $1,990

**Name of Organization:** Click here to enter text.

*(Name of Organization, as listed above, will be used for booth identification sign and in the meeting materials.)*

**Contact Name:** Click here to enter text.

**Title:** Click here to enter text.

**Street Address:** Click here to enter text.

**City:** Click here to enter text. **State:** Click here to enter text. **Zip Code:** Click here to enter text.

**Telephone:** Click here to enter text. **Fax:** Click here to enter text.

**Email:** Click here to enter text. **Website:** Click here to enter text.

**Exhibitor Space, Booth Option Preferences** (see Exhibit Hall floor plan at [www.chausa.org/exhibitors](https://www.chastaff.org/AssemblyWorkspace/Shared%20Documents/2010%20(Denver)/Exhibiting/www.chausa.org/exhibitors)):

**1st Choice** Enter booth number **2nd Choice** Enter booth number **3rd Choice** Enter booth number

*All final space assignments will be made by The Catholic Health Association of the United States.*

**Option A ($1,395)  Option B ($1,585)  Option C ($1,990)**

**Additional Registration Options**

Exhibitor representatives may purchase additional conference registrations at the following rates:

* CHA Member representatives $895 (provides full access to Assembly programming)
* Exhibiting Personnel Badges $450 (provides access to all events taking place in the Exhibit Hall)

*Details on how to purchase additional registrations will be provided, following completion and return of this Application/Contract.*

**Total Amount Due: $** Click here to enter text.

**Organizations we wish to be near:** Click here to enter text.

**Organizations we do not wish to be near:** Click here to enter text.

**Exhibitor**  shall **not** engage in direct sales during the Assembly.

shall engage in direct sales during the Assembly.

*Exhibitor assumes responsibility for securing any required licenses/permits and collecting all applicable taxes.*

**Upon acceptance, Exhibitor contact, as listed on previous page, will be contacted regarding payment due, if applicable.**

**Payment Method**  Bill me.

I want to pay by credit card. Please contact me. *(CHA is unable to accept credit card*

*Information via email or fax.)*

**Prohibition of Gifts and Promotional Items/Materials**

In connection with the Assembly, Exhibitor shall not offer or provide in any manner (e.g., in-person, through room drops, by messenger, etc.) gifts and/or promotional items/materials to some or all Assembly attendees. This prohibition does not preclude an Exhibitor from making promotional items and materials generally available to all attendees at Exhibitor's booth.

**By checking this box,** **the following Exhibitor representative acknowledges that she/he is duly authorized to enter into binding contracts on behalf of the Exhibitor organization and has read, understands and agrees to be bound and subject to the provisions of the Exhibiting Rules and Regulations governing the 2019 Catholic Health Assembly***.*

**Name:** Click here to enter text.

**Title:** Click here to enter text.

**Phone:** Click here to enter text.

**Email:** Click here to enter text.

**Date:** Click here to enter text.