**Please complete and return to:**

The Catholic Health Association of the United States

Attn: Paula Bommarito

4455 Woodson Road, St. Louis, MO 63134

[CHAexhibits@chausa.org](mailto:CHAexhibits@chausa.org) or fax to (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 (CHA), becomes a contract.

II. The booth prices are noted below. **Friend of the 2018 Assembly exhibitors receive booth “Option A” at no charge**, as part of the sponsorship package. Options B and C are available for an additional fee of $190 and $595, respectively, and are at the expense of the exhibiting company. For booth option descriptions please refer to [www.chausa.org/exhibitors](http://www.chausa.org/exhibitors).

Option A Option B Option C

**Friend of the Assembly** 10’ x 10’ – no charge 10’ x 10’ – $190 10’ x 10’ – $595

**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 and 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 CHA.*

**Option A** (no charge) **Option B ($190)  Option C ($595)**

**Additional Registration Options:** Friend of the Assembly exhibitors may purchase an Exhibiting Personnel badge for an additional $550, which provides access to only the activities taking place inside the exhibit area (including food and beverage events).

*Details on how to purchase the Exhibiting Personnel badge will be provided, following completion and return of this Application/Contract.*

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

***Friend of the Assembly exhibitors eligible for complimentary booth space may choose “Option A” exhibit space, at no charge.*** *Options B and C are available for an additional fee of $190 and $595, respectively, and are at the expense of the exhibiting company. For booth option descriptions please refer to* [*www.chausa.org/exhibitors*](http://www.chausa.org/exhibitors)*.*

**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.

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*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.**

**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.

**Payment Method**  Bill me *(applies only if selecting booth Option B or C)*.

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

*Information via email or fax. Applies only if selecting booth Option B or C.)*

N/A *(check this box only if selecting complimentary booth Option A)*.

**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 O2rganization 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.