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|---|--|--|--|
| Company: | | Company Name (as you wish it to appear on floor plan): | |
| Are you an HIM provider*? YES <input type="checkbox"/> NO <input type="checkbox"/> Please describe your product or service in one brief sentence. <small>*Non-HIM vendors are subject to approval. This description is for vetting purposes only; exhibitor is responsible for updating all eBooth profile information.</small> | | | |
| Primary Booth Contact Information (This person will receive all operational communications for booth arrangements and events.) | | | |
| Name: | | | |
| Title: | | | |
| Address Line 1 (No P.O. Boxes): | | | |
| Address Line 2 | | | |
| City, State, ZIP | | | |
| Country: | | | |
| International Postal Code: | | | |
| Email Address: | | | |
| Telephone: | | Mobile: | |
| Fax: | | | |
| Booth Request | | | |
| 1st Choice Booth Number: | 2nd Choice Booth Number: | 3rd Choice Booth Number: | |
| Size: X | Size: X | Size: X | |
| Rental Rate <input type="checkbox"/> \$28.00/square foot or \$2,800 per 10' x 10' space | University/College/Health Arts Rate <input type="checkbox"/> \$22.00/square foot or \$2,200 per 10' x 10' space <small>(must be approved and accept space in designated area to qualify for discounted rate.)</small> | First-Timer Rate <input type="checkbox"/> \$23.50/square foot or \$2,350 per 10' x 10' | |
| Premium Fees: | <input type="checkbox"/> 1 corner, \$250 | <input type="checkbox"/> 2 corners, \$500 | <input type="checkbox"/> Island, \$1,500 |
| Placement | | | |
| Please indicate below any companies that you do NOT wish to be near: | | Please indicate below any companies that you do wish to be near: | |
| 1. | | | |
| 2. | | | |
| 3. | | | |

****If you are a non-HIM provider, please list at least 3 other meetings or conventions that you have participated in as an exhibitor or a conference speaker:**

| Conference | Date and Location |
|------------|-------------------|
| 1. | |
| 2. | |
| 3. | |

Exhibitor Agreements – Please initial.

We acknowledge receipt of a copy of the Rules and Regulations for the AHIMA Convention and Exhibit, which shall become part of the contract created upon Show Management’s acceptance of this application as if they were set forth herein. I/We agree to abide by the Rules of the Show. **A complete copy of the Exhibitor and Show rules are included in your online a2z booth agreement. You may print this agreement out at any time. Show rules are always posted at: <http://www.ahima.org/convention/exhibits>.** I/We understand that Show Management reserves the right to reject any and all applications at any time for any reason or no reason at all; to reclaim any space; to have any of your representatives removed from the property for failure to conform to the Rules; to re-allot the space; and to offer requested space when available. _____

Payment Due Dates

Orders received before 12/31/18:

- *Due with contract: \$1,000 deposit
- *January 1, 2019: 75% of all booth fees must be paid
- *April 15, 2019: 100% of all booth fees must be paid

Orders received after 12/31/18:

- *January 1, 2019: 75% of all booth fees must be paid
- *April 15, 2019: 100% of payment due 30 days from receipt of invoice.

Orders received after 4/15/19:

- *100% of all booth fees must be paid

Cancellation and Refund Policy

- *Cancellations received prior to January 1, 2019 will be charged \$500
- *Cancellations received between January 1 & April 30, 2019 will be charged 50% of total booth fees
- *No refunds, credits or transfers will be returned on or after May 1, 2019.

****AHIMA follows IAEE guidelines for the construction of inline and island booths. By choosing your preferred booth type, you agree to follow IAEE guidelines for the design and construction of your booth. IAEE Guidelines can be found in the Exhibitor Services Manual or at <http://www.ahima.org/convention/exhibits#>**

****AHIMA no longer sells or supports end-cap space.**

****Initial here to indicate you have read and understood the payment, cancellation, and refund policy: _____**

****Initial here to indicate you have read and understood the end-cap policy: _____**

Submit this form for processing to:
 Kelli Wondra, Exhibits Manager
 Fax: (312) 233-1401
kelli.wondra@ahima.org