



CONNECTING SYSTEMS & PEOPLE TO IMPROVE POPULATION HEALTH

SPONSORSHIP CONTRACT

COMPANY NAME _____

NAME OF PRINCIPAL CONTACT (PERSON TO RECEIVE EXHIBIT INFORMATION) _____

TITLE OF PRINCIPAL CONTACT _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP _____

PRINCIPAL CONTACT'S DAYTIME TELEPHONE NUMBER _____

PRINCIPAL CONTACT'S E-MAIL ADDRESS _____

NAME OF SECONDARY CONTACT (IF PRINCIPAL CONTACT CANNOT BE REACHED) _____

SECONDARY CONTACT'S DAYTIME TELEPHONE NUMBER AND E-MAIL _____

COMPANY E-MAIL (TO BE PUBLISHED) _____

COMPANY WEBSITE (TO BE PUBLISHED) _____

COMPANY PHONE NUMBER (TO BE PUBLISHED) _____

PAYMENT METHOD (check one)

Full payment is due with this signed agreement. If this payment has not been received within 3 weeks, the item will be released and this commitment form will be declared null and void so that the item may be reassigned. Your confirmation email will outline any additional specifications, deadlines, restrictions, or inclusions depending on chosen item(s).

CHECK # (payable to NACCHO) _____

GOVERNMENT PURCHASE ORDER (attached signed, authorized PO) # _____

VISA MASTERCARD AMERICAN EXPRESS

CREDIT CARD # _____

EXP. DATE _____ CVV CODE _____

AMOUNT TO BE CHARGED _____

AUTHORIZED NAME (please print) _____

AUTHORIZED SIGNATURE _____

BILLING ADDRESS _____

SELECTION

Item: _____ Price: _____

Item: _____ Price: _____

Item: _____ Price: _____

Item: _____ Price: _____

Item: _____ Price: _____

Item: _____ Price: _____

Item: _____ Price: _____

Item: _____ Price: _____

Item: _____ Price: _____

Item: _____ Price: _____

TOTAL: = \$ _____



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SPONSORSHIP CONTRACT CONTINUED

REFUND/CANCELLATION POLICY

Any company that cancels all or part of this commitment will not receive a refund and the Annual Meeting will retain as liquidated damages all monies paid.

QUESTIONS?

703-964-1240

summitexhibits@conferencemanagers.com

CHECK PAYMENTS

Public Health Informatics Conference
P.O. Box 79197
Baltimore, MD 21279-0197

AGREEMENT

I hereby contract for commitments as selected above for the Public Health Informatics Conference 2018 and fully understand that this form shall become a binding contract. The exhibition and all commitments are organized and managed by NACCHO. Any matters not covered in the Rules and Regulations are subject to the interpretation of the NACCHO Board of Directors and the NACCHO Executive Director or his or her designee, and all exhibitors, sponsors, and supporters must abide by their decisions. Supporters must comply with all Hilton Hotel Atlanta rules and regulations. Show Management shall have full power to interpret, amend, and enforce these rules and regulations, provided any amendments, when made, are brought to the notice of sponsor. Each sponsor, for itself and its employees, agrees to abide by the foregoing rules and regulations and by any amendments or additions thereto in conformance with preceding sentence.

I have read and reviewed the Exhibitor Rules & Regulations before completing this form. SIGNED _____

NAME (PLEASE PRINT) TITLE _____

PHONE _____ EMAIL _____