



2011 HOME CARE & HOSPICE

# MARCH ON WASHINGTON & LAW SYMPOSIUM

CONFERENCE & EXPOSITION

March 27-30, 2011 • Mayflower Hotel • Washington, D.C.

## Application and Contract for Exhibit Space

Company / Organization: \_\_\_\_\_  
(as you want it to appear on your booth ID sign and listing to attendees)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

**Booth Selection:** Standard 6'x10' booths are **\$1,000 each for NAHC Members** and **\$1,400 each for Non-Members**. Exhibitors are encouraged to use their booth space 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 6'x10' booths may be selected.

### Booth Selections:

1st: \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_ 4th: \_\_\_\_\_

The National Association for Home Care & Hospice (NAHC) is hereby requested and authorized to reserve exhibit space for use during the 2011 Home Care & Hospice March on Washington & Law Symposium Conference & Exposition to be held at the Mayflower Hotel Sunday and Monday, March 27-30, 2011, in Washington D.C. 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 Exposition.

Signed contract and payment must be received by February 28, 2011 (Full payment by February 28, 2011 or later based on space available in exhibit hall).

**I have read and understand the contents of this page:**

**Please sign here:** \_\_\_\_\_



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## Application and Contract – Page 2

Cancellations must be submitted in writing and postmarked by February 28, 2011. Exhibitors canceling on or before February 28, 2011 will incur a penalty totaling 50 percent of the exhibit space cost. Exhibitors canceling after February 28, 2011 will be held liable per this contract for the total cost of exhibit space.

Exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of injury to persons or damage to exhibitor's displays, equipment, or other property brought upon the premises of the Mayflower Hotel and agrees to indemnify, defend, and hold harmless the National Association for Home Care & Hospice, the Mayflower Hotel, 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 Mayflower Hotel premises, excluding any liability caused by negligence of National Association for Home Care & Hospice, the Mayflower Hotel, or the official service contractor, or their owners, agents, affiliates, directors, officers and employees. The exhibitor understands that the National Association for Home Care & Hospice, the Mayflower Hotel, and the official service contractor do not maintain insurance covering the exhibitor's property or 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** and Mail to NAHC Meetings Dept., 228 7th Street SE, Washington, DC 20003

Or use:  VISA  MASTERCARD  AMEX  Discover

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

Name as appears on the card: \_\_\_\_\_

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### **NAHC use only:**

Booth Number Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

NAHC Signature: \_\_\_\_\_