

Exhibitor Commitment Form

I have read and reviewed the Exhibitor Rules & Regulations on page 11 or on the 2009 Summit website before completing this form.

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 Email Address _____
Name of Secondary Contact (if Principal Contact cannot be reached) _____	Secondary Contact's Daytime Telephone Number _____

BOOTH ASSIGNMENT

Every effort is made to accommodate your preferred booth location, but we cannot guarantee that you will receive one of your preferred choices. Please indicate your 1st, 2nd, and 3rd choices below (refer to the exhibit hall floor plan on page 8). To ensure that you receive one of your top choices, please select booths that are in different areas of the exhibit hall, and select some that are not immediately in front of the entrances.

1. _____
2. _____
3. _____

BOOTH PRICING

For a full description of each booth package, please refer to page 3.

TYPE OF BOOTH	COST	NUMBER	SUBTOTAL
CPHP			
Linear Booth*	\$850	x _____ =	_____

*Must be a qualified Center for Public Health Preparedness to exhibit at this rate. Once all CPHP-designated booths are sold out, no additional booths will be sold at this level.

Non-Profit & Government

Linear Booth	\$1,000	x _____ =	_____
Corner Booth	\$1,200	x _____ =	_____

Commercial

Linear Booth	\$1,600	x _____ =	_____
Corner Booth	\$1,800	x _____ =	_____

Diamond Island Exhibit Sponsorships

CALL Sande Smith at (703) 318-6131
FOR PRICING AND AVAILABILITY

TOTAL =

This form reserves exhibit booth space only. All BOOTH PERSONNEL must register using the Booth Personnel Registration Instructions, which will be sent to the principal contact in the Exhibitor Service Manual.

PAYMENT METHOD (check one)

Payment MUST be included with the exhibit space contract. Your space will not be confirmed until full payment has been received. Check and PO payments must be made in U.S. funds, drawn on a U.S. bank.

Check # (payable to NACCHO) _____

Government Purchase Order (attached signed, authorized PO)

Visa MasterCard American Express Discover
Credit Card # _____

Exp. Date _____

Authorized Signature _____

Authorized Name _____
(please print)

REFUND/CANCELLATION POLICY

Refunds are limited to exhibit fees paid. To qualify for a 50% refund, a written cancellation must be received by the PHP Exhibits Manager no later than **January 19, 2009**. No refunds will be given after January 19. Cancellation requests should be sent via email to PHPExhibits@conferencemanagers.com or by fax to (703) 964-1246.

PLEASE RETURN THIS COMPLETED FORM WITH PAYMENT TO:

PHP 2009 Exhibits Manager
c/o Hachero-Hill
11260 Roger Bacon Drive
Suite 402
Reston, VA 20190

Fax (credit card & purchase orders only)
(703) 964-1246

QUESTIONS?

Please contact the 2009 PHP Exhibits Manager at (703) 964-1240 or PHPExhibits@conferencemanagers.com.

AGREEMENT

I hereby apply for exhibit space at the Preparedness 2009 Summit and fully understand that this form shall become a binding contract and is subject to the Exhibitor Terms and Conditions as outlined in these materials and those established by NACCHO. The exhibition is 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 must abide by their decisions. Exhibitors must comply with all Sheraton 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 exhibitors. Each exhibitor, 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.

Signed: _____

Name (please print): _____ Title: _____

Phone: _____ Email: _____