

EXHIBIT CONTRACT

FHCA 2022 ANNUAL CONFERENCE & TRADE SHOW

JULY 31 - AUGUST 4, 2022

**Trade Show August 1-2*

CONTACT INFORMATION:

PRINT or TYPE information AS IT SHOULD APPEAR on all signs and printed materials.

Company Name _____

Primary Contact _____ Title _____
(for published materials)

Address _____

City _____ State _____ Zip _____

Phone _____ Website _____

Primary E-mail _____

Courtesy Contact _____ Title _____
(to receive logistical communications)

Phone _____ Courtesy E-mail _____

BOOTH & DUES FEES:

A) BOOTH COSTS

Early Bird: Before Friday, April 29, 2022

FHCA Member Nonmember

___ \$1,100 ___ \$2,500

After Friday, April 29, 2022

FHCA Member Nonmember

___ \$1,500 ___ \$2,800

B) MEMBER DUES

Become a member and purchase your booth at the member rate!

FHCA Associate Member Dues _____ \$650

**Discount your dues payment \$25 if you pay in full prior to January 31, 2022*

Associate Member Support Committee (AMSC) Dues _____ \$150

**Please note, your 2022 Associate Dues must be paid in order to sign up for AMSC*

IMPORTANT

Please review the floor plan and indicate booth preference. An updated floor plan can be found at www.fhcaconference.org.

Number of booths: _____

Booth Choices:

1st Choice _____

2nd Choice _____

3rd Choice _____

4th Choice _____

5th Choice _____

COST BREAKDOWN:

A) NO. BOOTH(S) _____ x \$ _____ (Booth Cost) \$ _____
(discount \$100 for each additional booth)

B) FHCA ASSOCIATE MEMBER DUES \$ _____

AMSC Dues \$ _____

C) ADVERTISING/SPONSORSHIP \$ _____

TOTAL \$ _____

**See the Exhibitor Prospectus for details on pricing*

PAYMENT

Check payable to FHCA or **Charge my:**

American Express MasterCard VISA Discover

Card No. _____

Name _____ Exp. _____

Email for Receipt _____

Signature _____

TOTAL \$ _____

PRODUCTS/SERVICES DESCRIPTION

PRINT a description of your company's products and/or services to be used in publication materials (25 words or less).

Use our description from the 2021 show.

ADVERTISING & SPONSORSHIPS

Take advantage of the exposure and recognition your company will gain by becoming a **Special Sponsor or Advertising** in one of our many media platforms! We offer a variety of opportunities, as well as price ranges. View the Media Kit on the FHCA webpage www.fhca.org/membership/advertising for advertising opportunities or contact Jenny Early via phone at (800) 771-3422 or email at jearly@fhca.org to discuss sponsorship options. If you would like to purchase an advertisement or sponsorship at this time, please include payment on the reverse and indicate the item below:

POLICIES

Please read the following information carefully. This Contract is invalid unless it is signed and dated below. Please send a copy of the trade show rules and regulations and this Contract to the person who will be responsible for the exhibit on-site at the Trade Show so that person will understand the terms of the contract.

Florida Health Care Association (herein referred to as Show Management) is hereby authorized to reserve space for our use in the exhibit area August 1-2 for the FHCA 2022 Annual Conference & Trade Show at the Hyatt Regency Orlando, Orlando, Florida. We agree to send the full payment for our booth(s), application for membership, and sponsorship, if applicable, with this contract. It is understood and agreed that Show Management will endeavor to assign space in accordance with our request. If our company wants to be near another company, the contracts and payments should be received together. In the event all our booth choices have been previously assigned, Show Management reserves the right to assign space as equitably as possible.

Cancellation must be in writing to and approved by Show Management. With notification received prior to June 3, 2022, a refund will be issued, minus an administrative fee of \$200 per booth cancelled. After June 3, 2022, no refunds of any type will be issued. Companies which purchase booth space after June 3, 2022 will not be entitled to any refund.

As the authorized representative of my company, I have read the entire terms of the Contract and the rules and regulations contained in the FHCA Annual Conference Exhibitor Prospectus, which are incorporated herein by reference, and agree to accept and abide by all of this Contract and the rules and regulations outlined.

Signature _____ Date _____

Submit this completed form with payment to FHCA by fax at (850) 681-2075 or mail at P.O. Box 1459, Tallahassee, FL 32302. E-mail Jenny Early at jearly@fhca.org with questions.

