

# 2018 SPONSOR AND EXHIBITOR CONTRACT

Missouri Hospital Association Trade Show • Nov. 8-9, 2018 • Tan-Tar-A Resort, Osage Beach, Mo.

COMPLETE THE FOLLOWING EXACTLY AS IT SHOULD APPEAR IN MHA CONVENTION PUBLICATIONS.

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_ CITY STATE ZIP

Phone: \_\_\_\_\_ Website Address: \_\_\_\_\_

Keywords for app search (30 characters or less): \_\_\_\_\_

Company Description (1-2 sentences maximum): \_\_\_\_\_

COMPANY CONTACT PERSON (Note: Individual attendee registration will begin in early September.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Address: \_\_\_\_\_ CITY STATE ZIP  
(IF DIFFERENT FROM ABOVE)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE)

**PLEASE INDICATE PARTICIPATION**

SPONSOR	EXHIBITOR		
<input type="checkbox"/> <b>\$15,000+ / DIAMOND</b> (complimentary booth and color ad) Choice of one of four event sponsorships. <input type="checkbox"/> Thursday general session sponsor (two available) <input type="checkbox"/> Friday general session sponsor (two available)  <input type="checkbox"/> <b>\$10,000 / PLATINUM</b> (complimentary booth and color ad) Choice of one of three sponsorships. <input type="checkbox"/> Sponsorship of welcoming reception in exhibit hall <input type="checkbox"/> Wi-Fi Password Sponsor <input type="checkbox"/> Sponsorship of on-site registration desk  <input type="checkbox"/> <b>\$5,000 / GOLD</b> (complimentary booth and color ad) <input type="checkbox"/> <b>\$3,000 / SILVER</b> (complimentary <input type="checkbox"/> booth OR <input type="checkbox"/> color ad)	<b>On or before</b> May 11, 2018	<b>After</b> May 11, 2018	
	<b>PREMIUM BOOTH:</b> (booth number 137)	<input type="checkbox"/> \$1,300	<input type="checkbox"/> \$1,400
	<b>BOOTH:</b>	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,100
	<b>DISCOUNTED BOOTH:</b> (due to location and support poles)	<input type="checkbox"/> \$ 900	<input type="checkbox"/> \$1,000
<b>ADD-ON ADVERTISING OPPORTUNITIES</b>			
<input type="checkbox"/> <b>\$50 — PHONE APP GAME PARTICIPANT</b>			
<b>BOOTH / EXHIBIT HALL INFORMATION</b>			
Number of booths: _____ Booth preference: _____ Exhibiting firms that you prefer NOT to be located near: _____			

**PAYMENT METHOD**

(Once the contract has been completed and returned, an invoice will be emailed to you. You may then submit payment by credit card or check.)

The undersigned hereby makes application for sponsor/exhibitor space at MHA's 96th Annual Convention & Trade Show. This agreement is governed by the terms and conditions set forth in MHA's exhibit specifications and guidelines (available at [www.mhanet.com](http://www.mhanet.com)), which are hereby made a part of this agreement by reference. Acceptance of this application by the Missouri Hospital Association constitutes a binding agreement between the Missouri Hospital Association and the sponsor/exhibitor.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(COMPANY REPRESENTATIVE)

Title: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(MHA REPRESENTATIVE)

**OFFICE USE ONLY**

Booth Assignment	_____
Booth Fee/Sponsorship Fee	\$ _____
Exhibitor Add-on Fee	\$ _____
Total Fees	\$ _____

Send contract to Gwen Pelzer at MHA: P.O. Box 60, Jefferson City, MO 65102  
 Phone: 573/893-3700, ext. 1335 • Fax: 573/893-2809 • Email: [gpelzer@mhanet.com](mailto:gpelzer@mhanet.com)