



Centricity Healthcare
User Group

Fall Conference

Friday, August 28 – Saturday, August 29, 2009
Renaissance Washington DC Hotel

Exhibitor Information:

Organization Name: _____
 Address for Materials: _____
 City: _____ State: _____ Zip: _____
 Show Contact:
 Mr. Ms. Dr. Name (First, MI, Last): _____
 Phone: _____ Email: _____

Sponsorship Opportunities:

Sponsorship Program: See Sponsorship Program for details.	Fee		Payment Total
Standard Exhibitor Package (includes 2 attendees)	<input type="checkbox"/>	\$4,200 See Prospectus for details	
...with one year website advertising	<input type="checkbox"/>	\$9,500	
Corporate Sponsor (includes 2 attendees)	<input type="checkbox"/>	\$5,800 See Prospectus for details	
...with one year website advertising	<input type="checkbox"/>	\$11,500	
Silver Sponsor (includes 2 attendees)	<input type="checkbox"/>	\$7,800 See Prospectus for details	
...with one year website advertising	<input type="checkbox"/>	\$13,500	
Gold Sponsor (includes 3 attendees) w/ VOC Session	<input type="checkbox"/>	\$10,500 See Prospectus for details	
Gold Sponsor (includes 3 attendees) with Support Lab	<input type="checkbox"/>	\$10,500 See Prospectus for details	
Platinum Sponsor (includes 3 attendees)	<input type="checkbox"/>	\$20,000 See Prospectus for details	
Additional Attendee	<input type="checkbox"/>	\$350	
Total			\$

Registration, Hotel & Air Information:

Once your contract is approved and processed, you will receive an email with a link to register each company representative attending the conference. At that time you may reserve a hotel room.

Payment Information:

Method of Payment: Visa Am.Ex. MasterCard Check Enclosed## _____
 Credit Card # _____ Expiration Date: _____
 Name on Card: _____
 Signature of Card Holder: _____

There will be a 3% surcharge for credit card payment processing.
 Make checks for all conference fees payable to Beatty Group Int'l
 Mail to: User Group, c/o Beatty Group, 9800 SW Beaverton Hillsdale Hwy, Suite 105, Beaverton, OR 97005

Contract Payment Policy: There will be no refunds and all space contracted or balance of the sponsorship invoice must be paid in full. Unpaid balance is due at the time of cancellation.

I agree with the Exhibitor Guidelines, Terms and Conditions outlined in the Exhibitor Prospectus.

Contract Signature (required): _____ Date: _____
 Please Print Name: _____ Title: _____

Fax Completed Contract to: 503-296-5622

For questions contact Kristin Betschart at Beatty Group Int'l -- 1-800-285-6215 or by email kristin@beattygroup.com