



Centricity Healthcare  
User Group

# Spring Conference

Friday, April 30 – Saturday, May 1, 2010  
Westin La Paloma, Tucson, AZ

## Exhibitor Information:

Organization Name: \_\_\_\_\_

Address for Materials: \_\_\_\_\_

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

Show Contact:

Mr.  Ms.  Dr. Name (First, MI, Last): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Sponsorship Opportunities:

<b>Sponsorship Program:</b> <i>See Sponsorship Program for details.</i>	<b>Fee</b>		<b>Payment Total</b>
Standard Exhibitor Package (includes 2 attendees)	<input type="checkbox"/>	\$5,000 See Prospectus for details	
Corporate Sponsor (includes 3 attendees)	<input type="checkbox"/>	\$6,200 See Prospectus for details	
Silver Sponsor (includes 3 attendees)	<input type="checkbox"/>	\$8,200 See Prospectus for details	
Gold Sponsor (includes 4 attendees) w/ VOC Session	<input type="checkbox"/>	\$11,500 See Prospectus for details	
Gold Sponsor (includes 4 attendees) with Support Lab	<input type="checkbox"/>	\$11,500 See Prospectus for details	
Platinum Sponsor (includes 3 attendees)	<input type="checkbox"/>	\$25,000 See Prospectus for details	
Additional Attendee	<input type="checkbox"/>	\$375	
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 [chug@beattygroup.com](mailto:chug@beattygroup.com)