

Technology Enhances Patient Care



Centricity Healthcare User Group
Las Vegas • April 20 - 21, 2012



Exhibitor Contract

Exhibitor Information:

Organization Name: _____

Address: _____

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 Package (includes 2 attendees)	<input type="checkbox"/>	\$5,000 See Prospectus for details	
Silver Sponsor (includes 3 attendees)	<input type="checkbox"/>	\$7,000 See Prospectus for details	
Gold Sponsor (includes 4 attendees) w/ VOC Session	<input type="checkbox"/>	\$14,500 See Prospectus for details	
Platinum Sponsor (includes 4 attendees)	<input type="checkbox"/>	\$25,000 See Prospectus for details	
Enhancements:			
Electronic Attendee List	<input type="checkbox"/>	\$1,000 See Prospectus for details	
Hard Copy Insert in Welcome Kits	<input type="checkbox"/>	\$1,000 See Prospectus for details	
Present a Session	<input type="checkbox"/>	\$2,000 See Prospectus for details	
Ad in Conference Guide	<input type="checkbox"/>	\$2,000 See Prospectus for details	
Internet Kiosk Sponsor	<input type="checkbox"/>	\$3,000 See Prospectus for details	
Add'l Booth Space (increase to 10 x 20 if available)	<input type="checkbox"/>	\$3,000 See Prospectus for details	
Additional Attendee	<input type="checkbox"/>	\$375	
Total			\$

Payment Information:

Method of Payment: Visa Am.Ex. MasterCard Check Enclosed##

Credit Card # _____ Expiration Date: _____

Name on Card: _____

Signature of Card Holder: _____

Make checks for all conference fees payable to Beatty Group Int'l. Mail to: /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