

2009 CRITICAL ACCESS HOSPITAL CONFERENCE EXHIBITOR/SPONSOR APPLICATION FORM

Please type or print legibly. You may also attach your business card with the completed application. Exhibit spaces are limited and are table top only. Representatives from companies/organizations may also attend the conference as sponsors (that is, as attendees without exhibiting). Sponsors will have the benefits and privileges as exhibitors, but without exhibiting. One complimentary registration is allowed for each exhibiting and sponsoring company. Additional representatives attending must register and pay a separate registration fee.

Company/Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Contact Person for Correspondence: _____ Email: _____

EXHIBITOR AND SPONSORS	WED. SPONSORSHIP OPPORTUNITIES	THURS. SPONSORSHIP OPPORTUNITIES
<input type="checkbox"/> \$450 EXHIBIT (1 complimentary registration)	<input type="checkbox"/> \$1000 Afternoon Break Sponsor	<input type="checkbox"/> \$1000 Breakfast Sponsor
<input type="checkbox"/> \$250 per person for additional company representative attending Total additional persons: _____	<input type="checkbox"/> \$2500 Evening Reception Sponsor	<input type="checkbox"/> \$1000 Morning Break Sponsor <input type="checkbox"/> \$2500 Lunch Sponsor
<input type="checkbox"/> \$350 SPONSOR (per attendee for non-exhibiting companies)		<input type="checkbox"/> \$1000 After Lunch Break Sponsor

Check enclosed Check #: _____ **IF PAYING BY CREDIT CARD, COMPLETE FORM ON BACK**

TOTAL AMOUNT ENCLOSED: _____

Company Representatives attending; name to appear on badge (*complimentary registration*):
 Each exhibitor and sponsor receives 1 complimentary registration. Additional company attendees must register below and pay \$250 registration fee per person.

Name: _____ Title: _____ Email: _____

Additional Company Representatives attending; name to appear on badge (\$250 per person)

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

EXHIBITOR AGREEMENT

I, the undersigned, am fully authorized to bind the exhibiting company to all provisions contained in this Agreement. By signing the Agreement, I acknowledge that the exhibiting company and its representatives attending the conference agree to comply fully with the TORCH Conference Exhibit Policies.

Printed Name of Authorized Company Representative: _____

Signature: _____ Date: _____

If paying by check, make checks payable to: TORCH Foundation, PO Box 14547, Austin, TX 78761

If paying by credit card, complete form on back; if submitting by fax, send both sides of the form to (512) 873-0046

TORCH CREDIT CARD PAYMENT

Please Print clearly

Total Amount Paid: _____	Date: _____		
Name as it appears on card: _____ <i>Company and/or Individual Name</i>			
PERSON AUTHORIZED TO CHARGE:			
First Name: _____	Last Name: _____		
Card Type: <input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER
Card Number: _____	Expiration Date: _____		
Card Security Code : _____ <i>3-digit number on back of card, 4-digit on front for AMEX</i>			
Signature Authorizing Charge: _____			
Email Address: _____			
Telephone Number: _____			

BILLING ADDRESS

Please enter the following information exactly as it appears on your credit card statement

Address: _____		
City: _____	State: _____	Zip: _____

Payment cannot be processed unless all information is provided.