

2010 CRITICAL ACCESS HOSPITAL CONFERENCE EXHIBITOR/SPONSOR FORM

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

Deadline: June 18, 2010 while spaces are available.

Company/Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Contact Person for Correspondence: _____ Email: _____

EXHIBITOR & SPONSORS	WEDNESDAY SPONSORSHIP	SPECIAL SPONSORSHIP
<input type="checkbox"/> \$600 EXHIBITOR (1 complimentary registration) <input type="checkbox"/> \$250 per person, for additional company representative attending Total persons attending: _____ <input type="checkbox"/> \$450 GENERAL SPONSOR (non-exhibiting for 1 person attending) <input type="checkbox"/> \$250 per person, for additional company representative attending Total persons attending: _____	<input type="checkbox"/> \$1000 Afternoon Break Sponsor <input type="checkbox"/> \$2500 Reception Sponsor THURSDAY SPONSORSHIP <input type="checkbox"/> \$1000 Breakfast Sponsor <input type="checkbox"/> \$1000 Morning Break Sponsor <input type="checkbox"/> \$2500 Lunch Sponsor	<input type="checkbox"/> \$5000 <i>EXCLUSIVE</i> Sponsorship includes: <ul style="list-style-type: none"> Exhibit Booth at the CAH Conf & 2 complimentary registrations; Exhibit Booth at the Hospital Information Technology Conf (HITCON) & 2 complimentary Registrations (Oct 20-21 in Austin) 2 complimentary registrations to attend the TORCH Leadership & Management Institute Conf (Sept 8-9 at Horseshoe Bay Resort) <p>This is an exclusive sponsorship opportunity, limited to only 10 sponsors. Call 512-873-0045 to check availability.</p>
<input type="checkbox"/> Check enclosed Check #: _____ TOTAL AMOUNT ENCLOSED: _____		<p>MAKE CHECKS PAYABLE TO TORCH. IF PAYING BY CREDIT CARD, COMPLETE THE FORM ON BACK</p>

Company Representatives attending (*complimentary registration*):

Name: _____ Title: _____ Email: _____

Additional Company Representatives attending (\$250 per person; limit to 3 additional persons)

Name: _____ Title: _____ Email: _____

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, 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 FORM for
2010 CAH CONFERENCE EXHIBITOR/SPONSOR REGISTRATION**

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.

[If paying by credit card, you may mail the form to TORCH, PO Box 14547, Austin, TX 78761](#)
[or fax both sides of the application form to \(512\) 873-0046.](#)