



Exhibitor Registration

Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Main Telephone: _____ Main Fax: _____
Company Web Address: _____

Contact for Conference Exhibitor Information:

Name: _____
Title: _____
Telephone: _____ E-mail: _____ Fax: _____

Indicate Desired Level of Sponsorship (The exhibit fee is due and payable upon application)

Gold \$1,000 _____ Silver \$500 _____ Bronze \$350 _____

Please list attendee name(s) as it/they should appear on name badge

Conference Attendee #1 (For Bronze Level Exhibitors)

Name: _____
Title: _____
Telephone: _____ E-mail: _____

Conference Attendee #2 (For Silver and Gold Level Exhibitors Only)

Name: _____
Title: _____
Telephone: _____ E-mail: _____

I would like to exercise my option to present during the conference (Silver and Gold Level Only)

Yes _____ No thanks _____

I would like to exercise my option to provide materials for attendee's packets/tote bag by the deadline

Yes _____ No thanks _____

I wish to purchase additional Special Event tickets for a guest @ \$40.00 each

Yes # _____ No thanks _____

Signed _____ Date _____

Mail Registration Form and Check payable to NCAHAM by Friday, September 3 to:

Sandy Small, NCAHAM, PO Box 10153, Greensboro, NC 27404

Fax a copy of the Registration Form and check to:

Doris Ogden, Moore Regional Hospital Patient Accounts, PO Box 155, Pinehurst, NC 28374