

# 2009 Hoosier Home Care, Hospice & HME Conference & Trade Show

May 19-21, 2009 • Marriott East Hotel & Conference Center • Indianapolis, Indiana

## REGISTRATION

Page 1

Company \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

### Representative(s) Staffing Exhibit *(Included in price of exhibit booth: two attendees; each additional person is \$50/day)*

1. \_\_\_\_\_ Email \_\_\_\_\_

2. \_\_\_\_\_ Email \_\_\_\_\_

3. \_\_\_\_\_ Email \_\_\_\_\_

4. \_\_\_\_\_ Email \_\_\_\_\_

Provide a company or product description to be printed in the official program of **no more than 35 words**. Descriptions over 35 words will be edited. **Submission deadline is Monday, April 20, 2009.** Your company name, address, phone, website, logo (if provided) and two company representatives with email address will appear in the official program.

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### Donation Opportunities

Yes  No **Door Prize** Will your company provide a door prize?

Yes  No **Silent Auction** The Indiana Home & Hospice Care Foundation holds a Silent Auction during the Annual Conference & Trade Show. Would your company be willing to donate an item to our Silent Auction to benefit the IHHC Foundation?

### Electricity and Internet

For an additional fee, the Marriott Hotel & Conference Center will provide electricity and internet for your exhibit. You will receive additional information on how to contact the hotel in your packet from *A Classic Expo Designs*, our show contractor.

### Conference/Trade Show Theme

The theme for the 2009 Hoosier Home Care, Hospice & HME Conference and Trade Show is "Going Green." You are encouraged to show your support of Going Green.

#### For office use ONLY

Date Paid ___ / ___ / ___	Check Number _____	Check Date _____	Conf Sent _____
Amount Paid \$ _____	CC Auth # _____	Booth Assignment _____	Description Yes No
			Logo Yes No

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### Exhibitor Booth Fee

#### IAHHC/AIHMES

	Member	Non-Member
<input type="checkbox"/> Premium (8 x 10)	\$800	\$1,000
<input type="checkbox"/> Preferred (12 x 6)	\$750	\$ 950
<input type="checkbox"/> Classic (8 x 8)	\$700	\$ 900
<input type="checkbox"/> Standard (6 x 10)	\$600	\$ 800
<input type="checkbox"/> Economy (6 x 6)	\$500	\$ 750
<input type="checkbox"/> Stay for Day Three, May 21 <sup>st</sup>	\$100	\$ 200

**Booth Request** Please list your first three (3) booth choices. Every attempt will be made to honor your request. However, booth assignments will be made on a first paid basis.

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

**Member of:**  IAHHHC  AIHMES  Both Associations

**My Target Audience:**

**Not a Member, but would like to join:**  IAHHHC  AIHMES  Both  Home Health  Hospice  PSA  HME/DME

### Sponsorship Opportunities

<input type="checkbox"/> Conference Grand Sponsor	<b>Reserved</b>	<input type="checkbox"/> Room Key Sponsor	\$1,000
<input type="checkbox"/> Keynote Speaker Sponsor	\$3,000	<input type="checkbox"/> Door Drop Sponsor	\$
<input type="checkbox"/> Closing Speaker Sponsor	\$3,000	<input type="checkbox"/> Foundation Luncheon Sponsor	\$1,000
<input type="checkbox"/> Exhibit Hall Reception Sponsor	\$2,000	<input type="checkbox"/> Lanyard Sponsor	\$1,000
<input type="checkbox"/> Day One Lunch Sponsor	\$1,500	<input type="checkbox"/> President's Reception Sponsor	\$1,000
<input type="checkbox"/> Day Two Lunch Sponsor	\$1,500	<input type="checkbox"/> Breakout Speaker Sponsor	\$ 500
<input type="checkbox"/> General Session Sponsor	\$1,000	<input type="checkbox"/> Day One Continental Breakfast Sponsor	\$ 500
<input type="checkbox"/> Day Two IAHHHC Breakfast Sponsor	\$1,000	<input type="checkbox"/> Day Three Continental Breakfast Sponsor	\$ 500
<input type="checkbox"/> Day Two AIHMES Breakfast Sponsor	\$1,000	<input type="checkbox"/> Refreshment Break Sponsor	\$ 500

### Program Advertising Opportunity

If you are unable to attend the 2009 Hoosier Home Care, Hospice & HME Conference, or you are attending and you want another opportunity to reach the attendees, then advertise in the official program.

Full-page Ad \$500  Half-page Ad \$300  Quarter-page Ad \$250  Business Card Ad \$100

Participant Bag Stuffer (Please note, this opportunity is included with all sponsorship levels.)

### Amount Due

Exhibit Booth Fee \$ \_\_\_\_\_  
 Day Three, May 21<sup>st</sup> \$ \_\_\_\_\_  
 Add'l Staff \_\_\_ x \$50/day \$ \_\_\_\_\_  
 Sponsorship \$ \_\_\_\_\_  
 Program Advertising \$ \_\_\_\_\_  
**Total Amount Enclosed** \$ \_\_\_\_\_

### Method of Payment

Check, made payable to IAHHHC  Visa  MasterCard

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_ / \_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address, if different than listed on page 1

Address \_\_\_\_\_

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

### Confirmation

A confirmation email will be sent upon receipt of payment. Confirmation will include your booth assignment.

### Send registration form & payment to:

IAHHHC  
 6320-G Rucker Road  
 Indianapolis, IN 46220

### Fax registration form & payment to:

(317) 575-8751

Questions, please call (317) 844-6630