

# 2009 Application for Exhibit Space



PLEASE PRINT ALL INFORMATION CLEARLY

NOTE: By signing this form it is agreed that all rules and regulations listed in the exhibitor license agreement will be adhered to by the exhibiting company.

**2009 Booth Fees:** Commercial: \$2,895    Corner: \$2,995    \*Recruitment Hospitals: \$2,450    Island Space: \$29.95 per sq ft

\*Rate good through December 31, 2008.

NMC Conference Use Only

Booth Assigned \_\_\_\_\_ Received \_\_\_\_\_ Price \_\_\_\_\_ Deposit Rcd \_\_\_\_\_ Ck No \_\_\_\_\_

**A. Program Book Information** (Please complete the following as it should appear in the Program Book):

Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

Main Phone No. \_\_\_\_\_ Main Fax No. \_\_\_\_\_

Customer Service E-mail \_\_\_\_\_

Website \_\_\_\_\_

**B. Mailing Information** (Please complete personal E-mail, contact name, phone, and fax. The remaining information only needs to be completed if different than Section A.):

Contact name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Contact E-mail (encouraged for receipt of exhibit updates) \_\_\_\_\_

**C. Product Description:** Please provide an optional 50-word description of your exhibit display and products that will be included in the NMC2009 Program. Copy exceeding this limit will be edited. Write-ups must be submitted no later than August 3, 2009 to be included within the Program. Please e-mail your write up to Jessica Clark at [jessica.clark@wolterskluwer.com](mailto:jessica.clark@wolterskluwer.com)

\_\_\_\_\_ authorizes Wolters Kluwer Health to reserve the exhibit space indicated in the four preferential selections below for the *Nursing Management Congress 2009*.

1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_ 3rd Choice \_\_\_\_\_ 4th Choice \_\_\_\_\_

Number of Booths Requested: \_\_\_\_\_ Size of Island Space Requested: \_\_\_\_\_ If possible, do not assign us space near: \_\_\_\_\_

We agree that we may not receive one of our preferred choices. However, NMC2009 will try to make assignments in the requested area. Assignment of space made by the NMC2009 will be considered accepted unless rejected, in writing, within seven days from the date of receipt of notification of space assignment. Once initial booth assignments are made, booths will be assigned on a first come, first served basis. Payment in full is due June 2, 2009. A deposit in the amount of 50% for each exhibit space will be billed January 2, 2009. All provisions of the official rules and regulations as published in the official prospectus shall be part of this contract.

**Please list the individual(s) attending the conference from your company. List additional representatives on a separate page.**

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

**Each booth sponsorship includes three company representatives. Additional 10' x 10' increments include one additional rep. Each additional rep per booth sponsorship is \$250. Please include this fee with your exhibit payment.**

**Payment Information** (WKH/LWW Tax ID No. 13-293-2696)

Enclosed is our check made payable to Nursing Management Congress. (All checks must be payable in US dollars.)

Visa     Mastercard     American Express    Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Print name as it appears on card: \_\_\_\_\_ Signature: \_\_\_\_\_

Note: Visa and Mastercard charges will reference WKH\*Healthcare Seminar; American Express will reference Mag&Seminars.

Number of booths or island size requested: \_\_\_\_\_ at a cost of \$ \_\_\_\_\_

50% minimum deposit for application submitted prior to June 1, 2009 .....\$ \_\_\_\_\_

100% of booth fee with applications submitted after June 2, 2009 .....\$ \_\_\_\_\_

\_\_\_\_ Advertising space in the Official NMC 2009 Program (see details within exhibit prospectus) .....\$ \_\_\_\_\_

\_\_\_\_ Sponsorship Option (see details within exhibit prospectus) .....\$ \_\_\_\_\_

TOTAL PAYMENT ENCLOSED .....\$ \_\_\_\_\_

**COMPLETE FORM AND MAIL OR FAX WITH NON-REFUNDABLE PAYMENT TO:**

WKH/NMC Conference • 323 Norristown Rd., Suite 200 • Ambler, PA 19002 **OR FAX TO:** 215-646-2280, Attn: NMC