



The American Health Quality Association®



The American Health Quality Foundation®

2004 Annual Meeting and Technical Conference: New Frontiers

AHQQA/AHQF Exhibitor Application Form

| | | |
|-------------------|-------|---------------------|
| First | Last | Degree (if desired) |
| Title | | |
| Organization | | |
| Address | | |
| City | State | Zip Code |
| Phone | Fax | E-mail |
| Exhibit Sign Name | | |

| EXHIBIT SPACE REQUEST | | | | | | |
|--------------------------------------------------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|------------|------------|
| Space assignments will be made on a first-come, first-served basis | | | | | | |
| Please reserve: | | | | | | |
| <input type="checkbox"/> Booth (10x10) – Institutional Associate Members | \$450 | <table border="1"> <tr> <td colspan="2">Preferred Booth Selections: (Please select two choices).</td> </tr> <tr> <td>1st: _____</td> <td>2nd: _____</td> </tr> </table> | Preferred Booth Selections: (Please select two choices). | | 1st: _____ | 2nd: _____ |
| Preferred Booth Selections: (Please select two choices). | | | | | | |
| 1st: _____ | 2nd: _____ | | | | | |
| <input type="checkbox"/> Booth (10x10) – Non-Member | \$650 | | | | | |
| <input type="checkbox"/> Corner Booth (10x15) – Member/Non-Member | \$850 | | | | | |
| TOTAL \$ _____ (Please make check payable to AHQA) | | | | | | |
| _____ MasterCard _____ Visa _____ American Express | | | | | | |
| (PLEASE PRINT) | | | | | | |
| Name of Credit Card Holder _____ Exp. Date _____ | | | | | | |
| Account Number _____ | | | | | | |
| Card Holder Signature _____ | | | | | | |
| List any giveaway items: _____ | | | | | | |

Yes, I agree to abide by the conditions detailed in the **Exhibitor Guidelines**. I understand that by providing my phone, fax and email I consent to receive communications sent by or on behalf of AHQA, AHQF and its subsidiaries and affiliates.

Signature _____

Print Name _____

Date: _____

Organizational Descriptions attached, please check here
(not to exceed 50 words)

Return this page with your payment to:

2004 Annual Meeting and Technical Conference (Exhibitor)
Attention: Jacqueline Osborne, Exhibit Manager/Meeting Planner
1140 Connecticut Avenue, NW, Suite 1050
Washington, DC 20036
202-331-5790 ext. 201 (phone) · 202.331-9334 (fax)

| OFFICE USE ONLY | |
|--------------------|-------|
| Amount Paid: | _____ |
| Method of Payment: | _____ |
| Space Assigned: | _____ |