

AHQA 2003 Technical Conference

Changes, Challenges and Commitment: A New Era in Health Care Quality

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

EXHIBIT SPACE REQUEST

Space assignments will be made on a first-come, first-served basis

Please reserve:

<input type="checkbox"/> Booth (10x10) – Institutional Member	\$400
<input type="checkbox"/> Booth (10x10) – Non-Member	\$600
<input type="checkbox"/> Corner Booth (10x15) – Member/Non-Member	\$750

Preferred Booth Selections:
(Please select two choices).

1st: _____ 2nd: _____

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: _____

SPONSORSHIP

- Conference Program - \$10,000
- Handout Binders - \$15,000
- Reception - \$10,000
- Luncheons - \$10,000
- Keynote Speaker - \$7500
- Souvenirs (pens, bookmarks, etc.) - \$3,000
- Breakfast & Breaks - \$8000 per day
- Breakout Sessions - \$3500 per session

Total Amount of Sponsorship: \$ _____

PLEASE PRINT

Please make check payable to AHQA – Sponsorship

Credit Card Holder: _____

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MasterCard Visa American Express

Yes, I agree to abide by the conditions detailed in the **Exhibitor Guidelines**.

Signature _____

Print Name _____

Date: _____

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

Return this page with your payment to:
AHQA 2003 Technical Conference (Exhibitor)
Attention: Jacqueline Osborne, 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: _____

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Space Assigned: _____