

EXHIBITOR REGISTRATION FORM

MS Chapter HFMA would like to invite you to exhibit at our 2010 Annual Institute. It is through the generous support of our exhibitors and sponsors that we can continue to have successful meetings. The meeting is scheduled for **April 26-28, 2010**, at the Beau Rivage in Biloxi, MS. Vendor set up is from 2:00 - 4:00 PM on Monday, April 26th. Tear down will be following morning break on Wednesday, April 28th. For Hotel Reservations at the Beau Rivage, please call (888) 383-7037. To receive the \$109.00 per night conference rate, please call by March 27, 2010 and mention Mississippi Healthcare Financial Management.

Exhibitor – Includes an exhibit space with a 6ft draped table, a sign with your company name, trash can, and two chairs. You will receive a packet of information from Convention Display Service for any additional needs for your display or you may call them directly at 601-948-4228. One participant will be admitted into all meals and breaks. Each additional person must register for the meeting.

Break or Breakfast Sponsor – As a break/breakfast sponsor, your name will be prominently displayed during the meeting and on literature that is mailed to members, should receipt of your payment meet the appropriate deadlines. There will be a total of five opportunities throughout the meeting. Sponsorship will be awarded on first-come, first-serve basis.

Lunch Sponsor – As a lunch sponsor, your name will be prominently displayed during the meeting and on literature that is mailed to members, should receipt of your payment meet the appropriate deadlines.

Opening Conference Reception Sponsor – Reception held for attendees

Bag sponsor – your company name to be displayed on bags to be given to each attendee

Lanyard – your company name to be displayed on the nametag lanyards worn by each attendee

Networking Event Sponsor – Golf tournament/band/social– please call 601-758-0677 for pricing information.

Company Name: _____

Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Nature of Business: _____

Attendee Name: (name of individual working booth, included in booth fee) _____

Additional Attendees: _____

Exhibitor Booth \$500 # _____ \$ _____

Additional registration \$150 # _____ \$ _____

Break/Breakfast Sponsor \$500 \$ _____

Lunch or Reception Sponsor \$500 \$ _____

Bag/Folder Sponsor \$500 \$ _____

Lanyard/Nametag Cord Sponsor \$300 \$ _____

Networking Event Sponsor Please call for info \$ _____

We plan to pay with a check – remember that booth space is limited and first-come, first serve mailing your payment may delay receipt
Please Mail your payment to: MSHFMA, PO Box 277, Sumrall, MS 39482

We would like to pay with a credit card

Card# _____

Expiration date _____ CVV Code: _____

Name as it appears on the card _____

Card type: Visa MasterCard

TOTAL DUE \$ _____

**Please fax this form to:
601-758-0745**