Contract for Exhibit Space &/or Sponsorships at

Wound Care Conference

November 29, 2016 • Stoney Creek Inn, Columbia, MO

	Space is limited	d—Register	· Today!
Exhibit Set-up			
Registration, Exhibi	, & Breakfast 12:00 pm	ı - 1:30 pm	Lunch & Exhibits
Education	1:30 - 2:3	30 pm	Education
Break		-	Break
Education	2:45 - 3:4	15 pm	Education
Break & Exhibits	3:45 - 4:0)0 pm	Break
Education	4:00 - 5:0)0 pm	Education
	5:00 pm		End of Conference
•	pany to Missouri health	care providers i	ncluding Home
November 29, 2)16 - Stoney Creek In	n, Columbia, I	<u>MO</u>
(includes 1 worker	Additional booth worke	ers are \$20/pers	son)
e mark appropriate	ox. (sponsorships recei	ive onsite verba	
			l recognition & thank
0 □ Lunch- \$2,! 1 available	OO Snack Brea 2 available	k - \$750	l recognition & thank Beverage Break - \$750 2 available
	Registration, Exhibits Education Break Education Break & Exhibits Education Skirted table, electric, st with contact inform Lunch included y to market your compong Term Care November 29, 20 (includes 1 worker. A	Registration, Exhibits, & Breakfast 12:00 pm Education 1:30 - 2:3 Break 2:30 - 2:4 Education 2:45 - 3:4 Education 4:00 - 5:0 5:00 pm Ekirted table, electric, two chairs & trash can ext with contact information sent to you one we have been accompany to Missouri health ong Term Care November 29, 2016 - Stoney Creek In	Registration, Exhibits, & Breakfast 12:00 pm - 1:30 pm Education 1:30 - 2:30 pm Break 2:30 - 2:45 pm Education 2:45 - 3:45 pm Break & Exhibits 3:45 - 4:00 pm Education 4:00 - 5:00 pm Education 5:00 pm

City _____ State ____ Zip ____

Phone _____ Fax ____ Web ____

Agent: Email: _____

Cancellation of Exhibit Space: Submit a written request to MAHC before Nov. 15, 2016 for a 90% refund of fees. No refund of exhibit fee will be made for cancellations received after Nov. 15, 2016. **MAHC Federal ID# is 43-1426955**

Contact Abby Havens @ abby@mahcmail.org for more details.



Mail Registration & Payment to:

Missouri Alliance for HOME CARE 2420 Hyde Park, Suite A Jefferson City, MO 65109

Phone: (573) 634-7772 Fax: (573) 634-4374

I accept all aspects of this contract as indicated.

Wound Care

The exhibitor assumes the entire responsibility & liability for losses, damages, & claims arising out of exhibitor's activities on the Hotel premises & will indemnify, defend and hold harmless its owners & its management company, as well as their prospective agents, servants & employees from any and all such losses, damages and claims.

Signature of Contracting Agent