

NEW MEXICO ASSOCIATION FOR HOME AND HOSPICE CARE  
ANNUAL CONVENTION  
NOVEMBER 12, 2009

**EXHIBITOR BOOTH FORM**

Exhibitor Name  
(Company): \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WEB-SITE: \_\_\_\_\_

Name of contact for follow-up information: \_\_\_\_\_

Representative Name(s) to be listed on Name Tag(s): \_\_\_\_\_

**REGISTRATION FEES:**

Early Bird: Postmark by September 30th.....\$750.00\*

September 30th thru meeting date.....\$850.00\*

\* (Apply 25% discount for NMAHHC members)

**Registration Fees include workshop registration and luncheon for one exhibitor.**  
**Additional exhibitors will be charged \$20 for lunch. Please include with registration fee.**

Number of booths requested: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Number of electrical outlets needed: \_\_\_\_\_

Total Number of **additional** lunch reservations needed: \_\_\_\_\_

Make checks payable to: NMAHHC  
3200 Carlisle Blvd NE  
Suite #117  
Albuquerque, NM 87110

OR CALL: (505) 889-4556  
OR FAX: (505) 889-4928  
OR EMAIL: [joieg@nmahc.org](mailto:joieg@nmahc.org)

☞ SPONSORS ARE NEEDED FOR: PLATINUM LEVEL: \$2,500\*  
GOLD LEVEL: 1,750  
SILVER LEVEL: 1,000

☞ Fillers for convention packets (ie; pens/pads,etc) need to be sent to the NMAHHC office by **November 4, 2009**.

\* Call if you are interested to learn about package offerings.