

NEW MEXICO ASSOCIATION FOR HOME AND HOSPICE CARE
ANNUAL CONVENTION
NOVEMBER 11, 2010

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

☞ 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, 2010**.

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