**Please complete and return to:**

The Catholic Health Association of the United States

Attn: Madeline Hantak

4455 Woodson Road, St. Louis, MO 63134

[CHAexhibits@chausa.org](mailto:CHAexhibits@chausa.org)

I. In accordance with the provisions of the Exhibiting Rules and Regulations governing exhibits at the 2024 Catholic Health Assembly, the undersigned hereby makes application for exhibit space(s), that when accepted by The Catholic Health Association of the United States (CHA), becomes a contract.

II. The booth prices are as follows (for booth option descriptions please refer to [www.chausa.org/exhibitors](https://www.chausa.org/assembly-2022/about/exhibiting-at-assembly)).

Option A Option B Option C

**CHA Member** 10’ x 10’ – $1,395 10’ x 10’ – $1,595 10’ x 10’ – $1,995

**Name of Organization:** Click here to enter text.

*(Name of Organization, as listed above, will be used for booth identification sign and in the meeting materials.)*

**Contact Information (for exhibitor representative who will be onsite during Assembly):**

**Name:** Click here to enter text.

**Title:** Click here to enter text.

**Street Address:** Click here to enter text.

**City:** Click here to enter text. **State:** Click here to enter text. **Zip Code:** Click here to enter text.

**Telephone:** Click here to enter text. **Fax:** Click here to enter text.

**Email:** Click here to enter text. **Website:** Click here to enter text.

**Exhibitor Space and Booth Option Preferences** (see Exhibit Hall floor plan at [Exhibit Plan (chausa.org)](https://www.chausa.org/docs/default-source/2024-assembly/2024-catholic-health-assembly--03-25-24--v2-exhibit-plan--no-f-b.pdf?sfvrsn=9e01dbf2_3)

**1st Choice** Enter booth number **2nd Choice** Enter booth number **3rd Choice** Enter booth number

*All final space assignments will be made by CHA.*

**Option A ($1,395)  Option B ($1,595)  Option C ($1,995)**

**Optional Add-Ons and Fees:**

* EXHIBITING PERSONNEL BADGE: CHA Member exhibitors may purchase an Exhibiting Personnel badge for an additional $300 which provides access to only the activities taking place inside the exhibit area (including food and beverage events).

*Details on how to purchase the Exhibiting Personnel badge will be provided with confirmation of your booth number, following completion and return of this Application/Contract.*

**Optional Add-Ons and Fees (continued):**

* LEAD RETRIEVAL: Exhibitor representatives may rent a Lead Retrieval Scanner from CHA. See details below.
* $175 prior to Friday, May 24, 2024 / $225 after Friday, May 24, 2024.
* Following the Assembly, exhibitors will receive an Excel file with name, company, title, mailing and email addresses of attendees’ badges scanned.

Check box to order a Lead Retrieval Scanner for your booth.

**Total Amount Due (price of applicable booth upgrade Option B or C and/or Lead Retrieval Scanner):**

**$** Click here to enter text.

**Additional Information (required)**

**Organizations we wish to be near:** Click here to enter text.

**Organizations we do not wish to be near:** Click here to enter text.

**Exhibitor**  shall **not** engage in direct sales during the Assembly.

shall engage in direct sales during the Assembly.

*Exhibitor assumes responsibility for securing any required licenses/permits and collecting all applicable taxes.*

**Upon acceptance, Exhibitor contact, as listed on previous page, will be contacted regarding payment due, if applicable.**

**Prohibition of Gifts and Promotional Items/Materials**

In connection with the Assembly, Exhibitor shall not offer or provide in any manner (e.g., in-person, through room drops, by messenger, etc.) gifts and/or promotional items/materials to some or all Assembly attendees. This prohibition does not preclude an Exhibitor from making promotional items and materials generally available to all attendees at Exhibitor's booth.

**Payment Method**  Bill me.

I want to pay by credit card. Please contact me. *(CHA is unable to accept credit card*

*Information via email.)*

**By checking this box,** **the following Exhibitor Representative acknowledges that she/he is duly authorized to enter into binding contracts on behalf of the Exhibitor Organization and has read, understands and agrees to be bound and subject to the provisions of the Exhibiting Rules and Regulations governing the 2024 Catholic Health Assembly***.*

**Name:** Click here to enter text.

**Title:** Click here to enter text.

**Phone:** Click here to enter text.

**Email:** Click here to enter text.

**Date:** Click here to enter text.