

**Exhibitor and/or Sponsor Application:**

**2018 National Health Care for the Homeless Conference & Policy Symposium**

Please complete this form *electronically,* as some fields are drop-down options, and then print. Mail this registration form along with the check.

Please fill out the form in its entirety as the starred (\*) fields are required for registration completion.

**Company Name (as it should appear in program) \*** Click here to enter text.

**Designation (choose one) \***Choose an item.

**Mailing Address \***

**Street Address** Click here to enter text. **Address Line 2** Click here to enter text.

**City** Click here to enter text. **State** Click here to enter text. **ZIP Code** Click here to enter text.

**Primary Contact Person for Logistics: \***

**Full Name** Click here to enter text. **Title** Click here to enter text.

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

**Has your organization ever exhibited with us before? \***

Choose an item.

**Do you plan to bring door prizes for Exhibitor Bingo? \***

Choose an item.

**If you answered yes to the previous question, what door prizes will you bring, and in what quantity? \***

I plan to bring (qty.) of (items).

**Registrant Information**

Your exhibit/sponsorship affords you one full-access registration and up to three non-registrant exhibit passes, the latter of which are excluded from sessions and meals. Please list the names and emails of each, and Council staff will contact the Registrant with a code for registration.

**Full-Access Registrant \***

**Full Name** Click here to enter text. **Email Address** Click here to enter text.

**Exhibitor Pass 1 \***

**Full Name** Click here to enter text. **Email Address** Click here to enter text.

**Exhibitor Pass 2 \***

**Full Name** Click here to enter text. **Email Address** Click here to enter text.

**Exhibitor Pass 3 \***

**Full Name** Click here to enter text. **Email Address** Click here to enter text.

**Exhibits & Sponsorships**

Please select all that apply.

Nonprofit or Corporate Affiliate Exhibit Table $1,350.00

For-profit (non-Affiliate) Exhibit Table $2,100.00

Welcome Cocktail Reception (one available) $10,000.00

NCAB Meeting (one available) $3,500.00

Site Visit (three available) $2,000.00

Break Sponsor (six available) $4,000.00

Tote Bags (one available) $10,000.00

Wifi Access (one available) $5,000.00

Name Badge Lanyards (one available) $5,000.00

Tote Bag Inserts (five available) $500.00

Mobile App (one available) $5,000.00

**CUSTOM:** Contact Alyssa Curtis ([acurtis@nhchc.org](mailto:acurtis@nhchc.org)) to agree on pricing before completing this form.

Select this option ONLY and specify your amount (please enter the price previously agreed upon by yourself

and Alyssa Curtis): Click here to enter text.

**Total Due: \***

Click here to enter text.

**Please check this box to agree to our cancellation policy. \***

All requests for cancellation must be received in writing. Exhibitors/Sponsors that cancel between the contract date and March 30, 2018 will be refunded 50% of their fee. All cancellations after March 30, 2018 are not eligible for a refund.

**MAILING INSTRUCTIONS**

Please send a check in the amount referenced above.

**Make check payable to**: National Health Care for the Homeless Council

**Mailing address**: NHCHC

PO Box 60427

Nashville, TN 37206

**Phone**: (615) 226-2292