



Exhibitor Contract

Ohio Health Information Management Association
March 22 – 24, 2010 | Hilton Columbus, Columbus, Ohio

Company: _____ Contact Person: _____

Phone: _____ Fax: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

PRODUCT/SERVICE DESCRIPTION *(For use in program material)*

USE DESCRIPTION ON FILE

USE ATTACHED *(please attach a concise, two-to-three line description)*

BOOTH RATES

ON OR BEFORE 12/31/09.....\$630 (Standard).....\$655 (Corner)

AFTER 12/31/09\$655 (Standard).....\$680 (Corner)

** For 12'x16' Corner Booths (Booth #s 7 & 54) -- add \$50*

SPECIFICATIONS

Booth confirmations are made on a first-come, first-served basis. Full payment MUST accompany a signed, complete contract.

Booths are 8'x10' inside exhibit Hall unless otherwise noted. Two corner 12'x16' spaces are also available. Hallway booths are 6'x10'. Booth space includes back and side drapes, identification sign, 6-foot table, two chairs and wastebasket. All exhibit areas are carpeted.

Two exhibitor badges will be issued per booth. Complimentary boxed lunches and beverages are provided for two representatives/booth each day if ordered prior to the show. There is a charge of \$35 for each additional representative.

Only ONE company under one company name is permitted to exhibit per booth.

TERMS: Full payment must accompany all complete and signed Contracts. Contracts will not be processed and no booth guaranteed until contract and payment are both received. Cancellations after 1/1/10 will forfeit full payment. **Liability:** The Hilton Columbus, the Ohio Health Information Management Association and its contracted Trade Show Director will take reasonable precaution to protect against loss or damage; however, the parties named herein shall not be held liable for any loss, damage, inconvenience, injury or theft that may occur to the exhibitor, exhibitor's employee or exhibitor's property. Exhibitors are encouraged to safeguard their property AT ALL times. Perimeter security will be provided at the close of exhibit hours until opening hours the following day.

Signature _____ Date _____

Booth Preferences

Visit www.ohima.org for latest floor plan and booth availability.

1st Choice: 2nd: 3rd:

BOOTH FEE \$ _____

Less Deposit *(if applicable)* - \$ _____

Additional Exhibitors () + \$ _____
(In excess of 2/booth : \$35/representative)

TOTAL DUE \$ _____

Mail completed contract
& payment to:
OHIMA
PO Box 824
Worthington, OH 43085

Direct exhibit inquiries to:
Tobi Wood
OHIMA Trade Show Services
PO Box 824 | Worthington, OH 43085
(614) 915-1007
fax (614) 847-0153
tobiwood@columbus.rr.com

Payment Options

CHECK – Payable to: OHIMA (Tax ID # 31-0918571)

CHARGE REQUEST VISA MasterCard

Name on Card _____

Card No. _____ Exp. Date _____

Security Code *(last 3 or 4 digit # on back of credit card)* _____

SIGNATURE _____

** Please be aware the charge will appear on your monthly statement under the name of our credit processing provider as "TELUSYS"*

Received: _____ Check #: _____

Amount: _____ Bal. Due: _____