

2017 Heartland Conference on Health Equity and Patient-Centered Care

October 17-18, 2017 • University of Kansas - Edwards Campus

EXHIBITOR REGISTRATION FORM

EXHIBITOR INFORMATION

To reserve exhibit space, please complete the registration form below and return by **October 6, 2017**. Please return the registration form to:

KU Medical Center AHEC, 1501 S. Joplin, Shirk Hall, 4th Floor, Pittsburg, KS 66762

phone: (620) 235-4040 fax: (620) 235-4041 email: ahecpitt@kumc.edu

Please note: Exhibit space is not reserved until payment is received. Payment made payable to KU Medical Center AHEC.

Exhibit Set up & Breakdown: Vendors may set up on October 17, 2017 beginning at 7 a.m. Exhibits will be open on October 17, 2017 from 9:00 a.m. – 4:40 p.m. and from 8:30 a.m. – 3:00 p.m. on October 18, 2017.

Cancellation Policy: Exhibits may be cancelled and the fee will be refunded, minus a \$25 administrative fee, through 4:30 p.m. on **October 6, 2017**. After that time, no refunds will be made. Cancellations must be made in writing and mailed or faxed to KU Medical Center AHEC.

EXHIBITOR REGISTRATION FORM

Company Name _____

Mailing Address _____

Phone _____ Fax _____

Please list the person you want to receive all conference information:

Contact Name _____

Mailing Address _____

Phone _____ Fax _____

E-mail _____

Conference Name Tag(s) _____

PLEASE PRINT (Maximum of two representatives)

Exhibit Space Requested:

Exhibit fee includes one 6' table, lunch and breaks on Tuesday and Wednesday for one representative.

Additional representatives are \$50 each (if you would like to be included in meals).

Internet will also be available at no additional cost.

Exhibit space is assigned on a "first come, first served" basis. Please check if requesting electrical outlet: Yes No

For special requests regarding placement of exhibit space, please contact the KU Medical Center Area Health Education Center at (620) 235-4040.

Fee:

Exhibit fee - \$100 Additional representatives - \$50 each

OFFICE USE ONLY

Payment Method (please note: exhibit space will not be reserved until payment is received):

Check made payable to **KU Medical Center AHEC**

Credit card: MasterCard VISA Discover

OFFICE USE ONLY

Card number _____ Exp. Date _____ 3-digit Security Code _____

Amount authorized _____ Name on card _____

Billing address _____

Email receipt to _____

**Return registration form by October 6, 2017 by fax at (620) 235-4041 or by mail to:
KU Medical Center AHEC, 1501 S. Joplin, Shirk Hall, 4th Floor, Pittsburg, KS 66762**