

**2013  
HEALTHCARE MISSIONS CONFERENCE  
EXHIBITOR REGISTRATION**



ITEM	FEE	LIST:
3a. Exhibitor Registration for Conference & Table for Friday & Saturday.	\$200	\$
3b. Speaker Table for Friday & Saturday *See NOTE	\$100 or \$0*	\$
3c. Additional Exhibitor Table Representative Registration for Conference (Limit 1)	\$15	\$
	<b>Total Submitted:</b>	\$

Please click on the following for additional [ADVERTISING OPPORTUNITIES](#)

\*NOTE: If you are an HMC speaker and are not requesting any reimbursement for expenses, there is no charge. If you are not requesting 3c, you need only complete and submit this form and do not need to go to the e-shop link for a receipt.

1. Please review the [EXHIBITOR GUIDE](#) for a complete description of the above items and rules and regulations. All exhibit tables and electrical availability preferences are on a first come, first served, basis.
2. Your registration includes: registration name tags for Friday (evening) and Saturday (October 11 & 12, 2013) Conference. Also includes Friday and Saturday snacks and Saturday lunch. Attendance fees (including all of the above) are also available at half standard admission price (\$15) for one additional Exhibitor Table Representative.
3. Please download, complete and sign this two page Exhibitor Registration form. (Electronic signature or copy of printed and signed document). Remember to click on Save when completed.
4. Please pay the total fees listed above through the conference website at the following [e-shop link](#): A receipt will be emailed to you after your online purchase.
5. Submit the following as email attachments before October 4, 2013 to Arnold Gorske at [arnoldgorske@gmail.com](mailto:arnoldgorske@gmail.com)
  - a. A completed and signed copy of this two page Exhibitor Registration form.
  - b. A copy of your receipt (Unless you are a speaker requesting no reimbursement for expenses).
  - c. If you wish your organization included on our website [List of Exhibitors](#): Please attach a copy of your logo in jpeg format and a copy of a 50 word or less description of your organization.
6. We will send you an Exhibitor Registration Confirmation by return email. Please bring a copy with you to the conference.

THANK YOU & GOD BLESS

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EXHIBITOR REGISTRATION--PAGE 2**

1. Organization Name (as it should appear in publications):
2. Website URL <a href="http://">http://</a>
3. Exhibitor (person attending the conference):
4. Exhibitor Title:
5. Mailing Address:
6. Telephone:
7. Email:
8. Prefer electrical access if available? Yes <input type="checkbox"/> (Exhibitors must provide their own extension cords)
9. Other preferences or comments?
10. I am an HMC speaker and will be requesting no reimbursement for expenses: Yes <input type="checkbox"/>
11. Name of Exhibitor Representative #2 (If any-Is eligible for reduced conference admission):

Exhibitor has read and agrees to abide by all regulations, terms and conditions set forth in this document and in the [EXHIBITOR GUIDE](#)

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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For HMC Use:

Date Rec'd \_\_\_\_\_ Amt. Rec'd \_\_\_\_\_ Date Confirmation Sent \_\_\_\_\_ Booth assigned \_\_\_\_\_ Elect \_\_\_\_\_