

Sales and Marketing Contact Information:

Name: _____ Title: _____
 Company: _____
 Company Name (as you prefer it to appear on the floor plan): _____
 Address (No P.O. Boxes): _____
 City: _____ State: _____ Zip Code: _____ Country: _____
 Telephone: _____ Fax: _____
 E-mail: _____ URL: _____

Logistics Contact Information:

Name: _____ Title: _____
 Telephone: _____ E-mail: _____

Booth Request:

1st Choice # _____ size x _____
 2nd Choice # _____ size x _____
 3rd Choice # _____ size x _____

Booth Rental Rate:

_____ \$2,400 per 10 x 10
 _____ \$250 corner premium (per corner)
 _____ \$1,200 island booth premium

Payment Due Dates:

Due with contract: \$1,000 deposit
 January 1, 2009: 75 percent of all booth fees must be paid
 May 1, 2009: 100 percent of all booth fees must be paid

Total:

\$ _____ Total Exhibit Fees
 \$ _____ Total Amount Enclosed

Cancellation and Refund Policy:

- Cancellations received prior to January 1 will be charged \$500
- Cancellation received between January 1 & May 1 will be charged 50 percent of total booth fees
- No refunds, credits or transfers will be provided after May 1

Initial here to indicate you have read and understood the cancellation and refund policy _____

Submit contract and payment to:

AHIMA
 PO Box 77-6331
 Chicago, IL 60678-6331

Or fax to:
 Sarah Lawler
 (312) 233-1402

Check Visa Mastercard American Express

Card # _____
 Expiration Date: _____
 Signature: _____
 AHIMA Federal Tax ID #36-2181841

Enclosed is our payment to AHIMA. Acceptance of this application binds me/us to the payments as stated above. I/We acknowledge receipt of a copy of the Rules and Regulations for the AHIMA Convention and Exhibit, which shall become part of the contract created upon Show Management's acceptance of this application as if they were set forth herein. I/We agree to abide by the Rules of the Show. I/We understand that Show Management reserves the right to reject any and all applications at any time for any reason or no reason at all; to reclaim any space; to have any of your representatives removed from the property for failure to conform to the Rules; to re-allot the space; and to offer requested space when available.

Print Name: _____

Signature: _____

For Internal Use Only

ID #	Booth #:	Date Received: