

Join us in Washington, D.C., September 23-25, 2010

The National Summit of Clinicians for Healthcare Justice



**Make a Commitment to
Healthcare Justice in 2010!**

We invite you to exhibit at the National Summit of Clinicians for Healthcare Justice to be held September 23 - 25, 2010 at the Doubletree Hotel Crystal City located in Washington, D.C. Display your products and



services to primary care physicians, nurses and other frontline primary care providers. Your contribution will provide conference attendees with a valuable opportunity to become familiar with your organization, resources and services.

Exhibit Hours (subject to change):

Exhibit Set Up:

Thursday, September 23, 2010; 5:00 PM – 6:30 PM

Friday, September 24, 2010; 6:00 AM - 7:00 AM

Exhibits Open:

Friday, September 24, 2010; 7:00 AM – 6:00 PM

Saturday, September 25, 2010; 7:30 AM - 1:00 PM

Exhibit Regulations

SUBMITTAL OF AN EXHIBIT APPLICATION DOES NOT GUARANTEE AUTOMATIC ACCEPTANCE. APPLICATIONS WILL BE REVIEWED BY THE CONFERENCE PLANNING COMMITTEE, AND APPROVED BY THE CONFERENCE PLANNING COMMITTEE, IN THE CONFERENCE PLANNING COMMITTEE'S SOLE DISCRETION.

If an application is accepted, the conference sponsors will provide the exhibitors one skirted table with a chair, name badge, refreshments, lunches, and a conference folder. Attendance at the conference workshops is not included. Space assigned will depend on amount of space requested and availability. The conference sponsor reserves the right to rearrange the floor plan and to relocate any exhibit at any time prior to the opening of the conference.

The Exhibitor is responsible for securing the contents of their booth. ACCEPTANCE OF AN EXHIBITOR'S APPLICATION DOES NOT CONSTITUTE Morehouse School of Medicine ENDORSEMENT OF ANY COMPANY/ORGANIZATION'S PRODUCTS, GOODS OR SERVICES.

Sample brochures are due at time of application. Conducting exhibits are permissible if interviews, demonstrations, and distribution of literature or samples are made within assigned booth area. Distributing advertising matter outside the exhibitor's own booth will not be permitted. The exhibitor is responsible for all federal, sales and local laws regarding sales tax and laws that pertain to such sales. Audio equipment will be kept at a noise level that does not disturb nearby exhibitors. No food or beverages are to be sold or given as samples.

*Exhibitors are responsible for the cost of phone or internet connection.

Please complete and return by July 1, 2010 the enclosed registration form and signed exhibitor terms and conditions (if applicable) with your check to:

Morehouse School of Medicine C/O NCPC
720 Westview Drive
Atlanta, Georgia 30310

Reservations received by July 1, 2010, will receive a confirmation and be listed in the conference materials.

Please contact

Amanda Campbell at 517-381-8000 x 214 or via email acampbell@mpca.net if you have internet/electrical hook up needs or other questions regarding exhibiting or the program.



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Exhibitor Application

National Summit of Clinicians for Healthcare Justice

September 23-25, 2010
Doubletree Hotel Crystal City
Washington, DC

Exhibitor Application Deadline: July 1, 2010

Name to appear on name badge: _____

Company/Organization: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Email: _____

Does exhibit need electrical hookup?: _____ if yes please indicate below.

**There will be an additional charge for internet and electrical connections

Describe type of organization/business:

Brief description of materials to be displayed:

Booth Fees: \$400 non-profit \$750 for profit

Method of Payment: Payment must accompany registration

A check for \$ _____ is enclosed. Make check payable to Morehouse School of Medicine

Master Card Visa Card No. _____ Expiration Date _____

Name of Card Holder (PRINT): _____

Authorized Signature: _____

I understand that no space will be confirmed without this signed contract and payment in full. I have read and understand the enclosed exhibit regulations that are part of the terms of this contract, and agree to abide by them and any additional rules deemed necessary by the conference sponsor. No refunds for cancellation.

Contact Person (print): _____

Authorizing Signature: _____

Title: _____

Please contact

Amanda Campbell at 517-381-8000 x 214 or via email acampbell@mpca.net if you have any questions regarding internet/electrical hook up needs or other questions regarding exhibiting.