

shm. CONVERGE

APRIL

12-15 | 2024 |



SAN DIEGO,
CALIFORNIA



EXHIBITOR REGISTRATION FORM

Exhibitor Information

Company Name	
Address	
City, State/Province, Zip/Postal	
Company Website (Mandatory)	
Exhibit Coordinator/Contact Person	Title
Contact Person Email Address (Mandatory)	Phone & Fax

PLEASE NOTE: Registration forms that do not include an email address or company website will not be processed.

***If a Third Party is representing the above-named Exhibitor, please complete:**

Representing Company Name & Full Address	Contact Person & Title
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Product Category (please select one)

- | | | |
|--|--|--|
| <input type="checkbox"/> Billing, Coding, and/or Documentation | <input type="checkbox"/> Hospital/Health System | <input type="checkbox"/> Pharmaceutical/Biotechnology |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Hospital Management Company | <input type="checkbox"/> Professional Society/Association |
| <input type="checkbox"/> Device | <input type="checkbox"/> IT/Business Solutions | <input type="checkbox"/> Recruitment/Professional Staffing |
| <input type="checkbox"/> Diagnostics | <input type="checkbox"/> Media/Publication(s) | <input type="checkbox"/> Scribe Services |
| <input type="checkbox"/> Education | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Other: _____ |

Main Objective (Select your primary objective at SHM Converge)

- Advertisement and/or public relations
- Business-to-business networking
- Lead generation
- Product promotion
- Product sales
- Public education
- Recruitment
- Other: _____

Booth Location

SHM requests that you indicate 4 preferred locations when completing this version of the form. [View Floor Plan](#)

1. _____ 3. _____
2. _____ 4. _____

Booth Price

- 10x10 inside booth: \$3,550
- 10x10 corner booth*: \$3,750
- 10x20 booth: \$7,300
- Premium booth pricing**:
 - 10x10 inside booth: \$4,100
 - 10x10 corner booth: \$4,300
 - 10x20 booth: \$7,825
- Premium Island booths:
 - 20x20: \$17,500
 - 20x30: \$27,000
- Island booths:
 - 20x20: \$16,800
 - 30x30: \$41,400

*Corner booth assignment is based on availability and not guaranteed.

**Premium booths are located in Premium Promenade and Converge Square on the Floor Plan.

Contract Agreement & Payment

We/I agree to abide by all requirements, restrictions, cancellation policies, and obligations noted in the [Partner Terms and Conditions](#) and all applicable legal requirements. This registration form becomes a binding agreement once accepted. Once your application has been processed you will receive an email confirmation and invoice from Map Your Show.

We/I agree to pay 100% of the charge for the exhibit space as a part of this registration and contract.

Contract Authorizer Name	Contract Authorizer Signature
Title & Company	Date

Payment


- Check Enclosed**
(payable to Society of Hospital Medicine). Please remit payment in U.S. Funds drawn on U.S. bank.
All payments must be received and paid in full prior to being provided access to service kits, entry into the engagement arena, etc.

- Charge credit card**
Please note, all credit card transactions will be subject to an additional 3.5% service fee.
All requested credit card payments will receive an invoice and/or be contacted to provide payment details via phone.

Total Charged	\$							00
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This form is to be used solely in the event that your company cannot register using the online form.

Please direct any questions, comments, or payments to:

 Society of Hospital Medicine, Exhibits
P.O. Box 822898, Dept. 200E
Philadelphia, PA 19182-2898

 bizdev@hospitalmedicine.org

 800-843-3360

 267-535-2911