

**CALIFORNIA/NEVADA CHAPTER OF THE
AMERICAN CORRECTIONAL HEALTH SERVICES ASSOCIATION
2011 MULTIDISCIPLINARY HEALTHCARE CONFERENCE**

November 3 & 4, 2011 • Lion's Gate Hotel • Sacramento, CA

EXHIBIT RESERVATION FORM

Company Name _____
Company Contact _____
Street Address _____
City/State/Zip _____
Telephone _____ Fax _____
E-mail _____
Website Address _____
Products/goods that will be displayed: _____
Representative(s) attending: _____

PAYMENT INFORMATION

Enclosed is our check for \$ 750.00 for rental of one exhibit space.

Exhibit space is on a first-come, first-served basis. We understand the rental of exhibit space does not include decoration or related services, the displacement of equipment, the labor of carpenters or electricians, electrical power, Internet, or telephone. We agree to assume responsibility for losses, damages and claims arising out of injury or damage to our displays, equipment and other property brought upon the premises of the convention facility and shall indemnify and hold harmless the Lion's Gate Hotel in Sacramento and the California/Nevada Chapter of ACHSA, their agents and employees. We understand that neither ACHSA nor Lion's Gate Hotel Sacramento maintains insurance to cover losses and will not pay for losses or damages to exhibit materials.

Cancellation Policy: All cancellations must be made in writing. An exhibitor who cancels all or part of reserved exhibit space before October 15, 2011, will forfeit 50% of the total contracted costs. No cancellation of space will be accepted or refunds made after November 1, 2011.

Authorized Signature: _____
Title: _____ Date: _____

Return this completed form to: CA-NV Chapter, ACHSA
PO Box 1511
Folsom, CA 95763





California-Nevada Chapter
American Correctional Health Services Association

PO Box 1511
Folsom, CA 95763

Addendum to Exhibitor Agreement

Thank you for considering the purchase of an Exhibitor's Booth at our upcoming Correctional Healthcare conference. Please take a moment to review the following:

1. ACHSA acknowledges the exhibitor registration fee is solely for the purchase of exhibit space.
2. The exhibitor registration fee is required of all vendors participating in the exhibit.
3. Each of the costs subsidized by the fee is incremental to the exhibit space and is not for Association overhead.
4. Payment received for the exhibit is not intended to influence planning of any CE/CME activity, or interfere with presentations at this conference.
5. In accordance with ACCME guidelines, no sales or marketing activity can take place in the educational space during, right before, or immediately after the conference.

This documentation is essential to the application process to provide *AMA PRA Category 1 Credit(s)*™ for our physician attendees and is required from all exhibitors. Thank you for your cooperation!

Please print name: _____

Signature: _____

Organization: _____