



2020 TEXAS ASSOCIATION OF RURAL HEALTH CLINICS (TARHC) EDUCATION CONFERENCE CORPORATE SPONSOR/EXHIBITOR REGISTRATION FORM

JULY 22-24, 2020 • OMNI HOTEL, AUSTIN, TX • (512) 476-3700 (HOTEL RESERVATIONS)

(PRINT **EXACTLY** AS IT SHOULD APPEAR ON SIGNS)

Company _____

Address _____

City/State/ZIP _____

Phone _____ Fax _____

Main Contact Person _____ Website _____

EXHIBITOR

- ☐ **\$600** – MEMBER ☐ **\$800** – NON-MEMBER
☐ **\$200** – ADDITIONAL REPRESENTATIVE ATTENDEE
☐ I'D LIKE TO SPONSOR AND WILL NOT REQUIRE AN EXHIBIT TABLE
☐ **\$3,000** – SPONSOR KEYNOTE SPEAKERS

WEDNESDAY SPONSORSHIPS

- ☐ **\$1,000** – WEDNESDAY AFTERNOON BREAK
(1 complimentary registration, 1/4 page ad)
☐ **\$2,000** – WEDNESDAY EVENING RECEPTION
(2 complimentary registrations, full page ad)

THURSDAY SPONSORSHIPS

- ☐ **\$1,500** – THURSDAY MORNING BREAKFAST
(2 complimentary registrations, 1/2 page ad)
☐ **\$2,500** – THURSDAY LUNCHEON
(3 complimentary registrations, full page ad, complimentary exhibit table)

FRIDAY SPONSORSHIP

- ☐ **\$1,000** – FRIDAY MORNING BREAKFAST
(1 complimentary registrations, 1/4 page ad)

Total persons attending _____

☐ Check enclosed Check # _____ Total Amount _____

The exhibit tables are available on a first come, first-served basis, so your prompt response is encouraged. **If paying by credit card, please fill out form on the back.**

MAKE CHECKS PAYABLE TO TARHC

Please return this response form and your check by **July 10, 2020**, to:

TARHC

3309 Forest Creek Dr., Unit 305

Round Rock, TX 78664-6168

ATTN: TARHC Conference Coordinator

COMPANY REPRESENTATIVES ATTENDING (2 attendees only)

Name _____ Title _____ Email _____

Name _____ Title _____ Email _____

EXHIBITOR/SPONSOR AGREEMENT

I, the undersigned, am fully authorized to bind the exhibiting company to all provisions contained in this Agreement. By signing this Agreement, I acknowledge that the exhibiting company and its representatives attending the conference agree to comply fully with the TARHC Conference Exhibit Policies.

Authorized Company Representative _____ Date _____

Your six-foot table will be available from **July 22, 10:00 am, through Noon on Friday, July 24, 2020**, on which you may display printed materials and other small promotional items. If you plan to have computers or other small equipment on your display table, please be advised that the area is available to the public, so your exhibit display must not be left unattended.

If you will be shipping materials to the hotel (**no more than two (2) days in advance of the conference**), all boxes must be marked as follows: **(1)** Complete return address; **(2)** Hold for Arrival of (company representative's name) **(3)** for Texas Association of Rural Health Clinics Conference; **(4)** Date of Meeting; **(5)** Number of Boxes; **(6)** Address to: Omni Hotel Downtown Austin, 700 San Jacinto St., Austin, TX, 78701. If you will require electricity, call the Conference Planning Manager at the hotel, (512) 476-3700.

If you will require hotel accommodations at the Omni Hotel Downtown Austin, call the hotel at **(512) 476-3700** to make your reservations. Be sure to tell the hotel you are attending the **TARHC Conference** to receive the special rate. **Reservations should be made by June 30, 2020**, to ensure accommodations and rate. A block of rooms has been reserved at the special conference rate of **\$184 (S/D)**.

CREDIT CARD PAYMENT FORM FOR 2020 TARHC CONFERENCE EXHIBITOR/SPONSOR REGISTRATION

PLEASE PRINT CLEARLY

Total Amount Paid _____ Date _____

Name as it appears on card _____

COMPANY AND/OR INDIVIDUAL NAME

PERSON AUTHORIZED TO CHARGE:

First Name _____ Last Name _____

Card Type: ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER

Card Number _____ Expiration Date _____ Card Security Code _____

3-DIGIT NUMBER ON BACK OF CARD, 4-DIGIT ON FRONT FOR AMEX

SIGNATURE AUTHORIZING CHARGE

Email Address _____

Telephone Number _____

BILLING ADDRESS

Please enter the following information exactly as it appears on your credit card statement

Address _____

City _____ State _____ ZIP _____

Payment cannot be processed unless all information is provided.

If paying by credit card, you may mail the form to TARHC, 3309 Forest Creek Dr., Unit 305, Round Rock, TX 78664-6168 or fax both sides of the application form to (512) 873-0046.