



National Association of Rural Health Clinics
2 East Main Street
Fremont, Michigan 49412
Phone: 866.306.1961
Fax: 231.924.4882

Dear Prospective Vendor:

We cordially invite you to be an exhibitor for our upcoming Spring Institute. Our conference is being held on March 24-26, 2010 at the Hyatt Regency in San Antonio, Texas.

In light of the current economic situation and in spite of rising costs associated with the conference, we are proud to announce that we have managed to keep the majority of our vendor fees the same as in past years. We are striving to keep our fees attractive for both exhibitors and attendees alike. Our intention is to continue attracting a large number of attendees and make it a success for all. We depend on the support of our industry vendors and look forward to your continued participation.

Please send back the attached form by email to cowley@hsagroup.net, by fax to 231.924.4882, or by mail to the address below:

NARHC
2 East Main Street
Fremont, MI 49412

Do not hesitate to call Administrative Services with questions at 866.306.1961.

We welcome and appreciate your participation as a vendor and hope you will consider attending.

Thank you,

Tara Cowley
Administrative Services
National Association of Rural Health Clinics



2010 Spring Institute

March 24-26, 2010

Hyatt Regency San Antonio, TX

Exhibitor/Sponsor Application Form

Company's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail _____

Names & Titles of Representatives Attending:

1. _____

2. _____

Exhibitor/Vendor Fees

Exhibitor

Vendor table \$750/table _____

Sponsorship

1 Break \$ 2,000 _____

2 Breaks \$ 4,000 _____

Continental Breakfast \$ 3,500 _____

Full Lunch \$ 6,000 _____

Total Cost \$ _____

***The sponsor fee includes the vendor table.**

Please email a ¼ to ½ page summary for the conference notebook regarding your company to cowley@hsagroup.net. The deadline for this summary is **March 1st, 2010**.

See Payment Options on page 2 of this document.

Method of Payment: (Check one)

Check Visa Master Card

Make checks payable to: National Association of Rural Health Clinics

Credit Card Number: _____

Expiration Date: _____ Three digit security code: _____

Name on Card: _____

Credit Card Billing Address: _____

Amount: _____ Signature: _____

Return completed form to:

National Association of Rural Health Clinics
Conference – Vendor/Sponsor
2 East Main Street
Fremont, MI 49412

OR By faxing to **231-924-4882**
if paying with a credit card

Conference Information:

Fee Coverage: The exhibit fee covers the cost of one table for two vendor representatives, one copy of conference materials and registration for **one person** working the table to attend any sessions of their choice at the conference. **There will be a \$100 fee per additional representative that attends.**

Deadline: The exhibitor/sponsorship deadline is **March 1, 2009** to guarantee your company's information will be in the conference materials.

Setup for Exhibitors is Wednesday, March 24, 2010 beginning 6:00 am. Exhibit days are Wednesday and Thursday from 7:00 am to 5:00 pm. **You will want to make sure your boxes (if any) are ready and labeled for shipping by the end of the day on Friday, March 25, 2010.** *Hyatt Regency has additional charges for package handling fees.

Shipping Instructions: Please ship your items with a label that contains the following information:

NARHC Spring Institute
Hold for Arrival on: (Add date of arrival)
Name of On-Site Contact
C/O Hyatt Regency San Antonio
123 Losoya Street
San Antonio, TX 78205

Room reservations can be made by calling **210-222-1234** or **800-233-1234**. Our discounted room rate is \$159.00/night plus tax. Our cut off date for making these reservations is **March 3, 2010**. **Please make reservations early before NARHCs room block is full!**

Please contact the Administrative Services Office at 866-306-1961 if you have any questions.

We look forward to seeing you in San Antonio!

NARHC – National Assn of Rural Health Clinics – 3/23/10-3/25/10 HYATT REGENCY EXHIBITOR ORDER FORM

Return to Hyatt Regency no later than **March 10 th, 2010**

Vendor Name _____

Contact Name: _____ Booth Number: _____

Phone: _____ Fax: _____

Additional items to be supplied by the hotel may be requested as follows:

____ Local/Long Distance Access NOT A DEDICATED LINE
(\$75/line installation, \$25 each additional day; plus cost of calls) \$ _____

____ Dedicated Line (Fax Machines)
(\$100/line, \$50 each additional day; plus cost of calls) \$ _____

____ Electrical Power (110V/15 AMPS)
(\$55.00 per exhibitor hook-up) Please call if additional power in required \$ _____

____ Wired High-Speed Internet Access (up to 1.5Mbps)
(\$350.00 installation/\$100.00 per additional day/\$25.00 per addl. computer node) \$ _____

____ Wireless High-Speed Internet Access (up to 1.5Mbps)
(\$250.00 installation/\$100.00 per additional day/\$25.00 per addl. computer node) \$ _____

____ Box Handling Fee
(\$5.00 per box) Please call for pallet/skid pricing \$ _____

Other items:
Please explain _____

Shipping Instructions:

IMPORTANT!--PLEASE READ!!!

Please do not ship your materials to arrive more than (3) business days prior to your show. In addition, please label your boxes to the attention of the person who will be staffing your booth...DO NOT ship them to the attention of NCHN. You must REFERENCE the exhibitor's company name and the convention name, as listed above. It is helpful to use LARGE, BRIGHT LABELS with how many boxes there are in your shipment (e.g. BOX 1 OF 4, BOX 2 OF 4, ETC). Questions? *Please contact Kelly Woodworth at the Hyatt Regency San Antonio at 210-362-6309 or by fax at 210-362-6316.*

Your shipping label should read:

Hyatt Regency San Antonio
123 Losoya,
San Antonio, Texas 78205
Hold For: Booth Worker Name
Booth Number (if assigned)
Convention Name: NARHC

Please return this form to:

Brent Holden
Hyatt Regency San Antonio, 123 Losoya Street, San Antonio, TX 78205
210-362-6304 (fax)

THE HYATT REGENCY SAN ANTONIO CREDIT CARD AUTHORIZATION FORM AND PHOTOCOPY OF THE FRONT AND BACK OF THE CREDIT CARD BEING BILLED MUST ACCOMPANY THIS FORM IN ORDER FOR YOUR REQUESTS TO BE PROCESSED

All food and beverage arrangements must be made through the hotel. Only food & beverage purchased from the Hyatt may be served on Hotel property.

All displays MUST meet local Fire and Safety codes. Decorations and signage may not be attached to any permanent hotel structure nor hung with nails, staples, tape or any other substance that could cause damage to the walls or other hotel structures.

HYATT REGENCY SAN ANTONIO
Credit Card Authorization Form
(Must be returned with Order Form)

Name of Group _____

Address: _____

City, State, ZIP: _____

Phone number: _____

Main Contact: _____

Date of Function: NARHC – National Assn of Rural Health Clinics – 3/23/10-3/25/10

Please authorize use of the following credit card for charges incurred during the meeting date(s) of: _____

Name: _____

Type of Credit Card: _____
(AMEX,VISA, MASTERCARD, DISCOVER, ETC)

Credit Card #: _____

Expiration Date: _____

Signature: _____

Date: _____

Please photocopy front and back of your credit card with this form. Please make sure that your signature appears as shown on your credit card before returning this form via mail.

Please return this form to:
Brent Holden
Hyatt Regency San Antonio 123 Losoya Street San Antonio, TX 78205
210-362-6304 (fax)

Credit card will be billed upon receipt of form.