

# FALL EXHIBIT SPACE APPLICATION

# 2009

46<sup>th</sup> Annual Convention & Exposition, Crowne Plaza Hotel  
Colorado Springs, CO

SEPTEMBER 15-17, 2009

\_\_\_\_\_  
Name of Company (Please Type or Print)

\_\_\_\_\_  
Corporate Name

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Address (Mailing Address For Person to Receive All Exhibit Show Information)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Company Telephone ext. Fax Number

\_\_\_\_\_  
E-mail Address

How many people will be representing your company for BOTH exhibit days \_\_\_\_\_

List the first four choices of booth locations:

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_

Please make your booth size selection here:

8'x 10' \_\_\_\_\_ 8' x 8' \_\_\_\_\_ 6' Table \_\_\_\_\_

**YOU WILL RECEIVE A SEPARATE ELECTRICAL NEEDS CONTRACT THAT MUST BE MAILED TO THE HOTEL**

List companies you DO NOT want to be placed near your company's booth:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This application and contract is made in accordance with the rules and the following fee schedule for each 8' deep X 10' wide booth:**

**\$500.00 Deposit required**

- \_\_\_ Hospitality Suite \$500.00 (Room only) Must reserve through CHCA.
- \_\_\_ Exhibitor - non-member \$1,200.00
- \_\_\_ Exhibitor, Silver Associate Member \$850.00
- \_\_\_ High Value Corner Booth - \$100.00 extra for members  
\$200 for non-members
- X Exhibitor, Platinum Associate Member (receives 1 booth free)
- \_\_\_ Additional booth \$850.00

**BOOTH SPACE LIMITED  
SIGN UP TODAY!**

**Company Description  
(no more than 15 words)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Call CHCA at (303) 861-8228 and we will be happy to fax or mail you a complete Fall Convention Exhibitor Packet

**PLEASE NOTE:**

COMPLETE both the EXHIBITOR APPLICATION AND NAME TAG REQUEST FORM at the time of submission. There will be an assessed charge of \$20.00 for names tags printed at the convention site.

**METHOD OF PAYMENT**

- Check enclosed
- Bill Me (CHCA Member only)

Please call in your credit card payments



**I have read the contract and do agree to all terms and condition of this contract accepted by:**

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_

**MAIL TO: CHCA, 225 E. 16TH AVENUE, SUITE 1100, DENVER, CO 80203 OR FAX TO (303)839-8068**

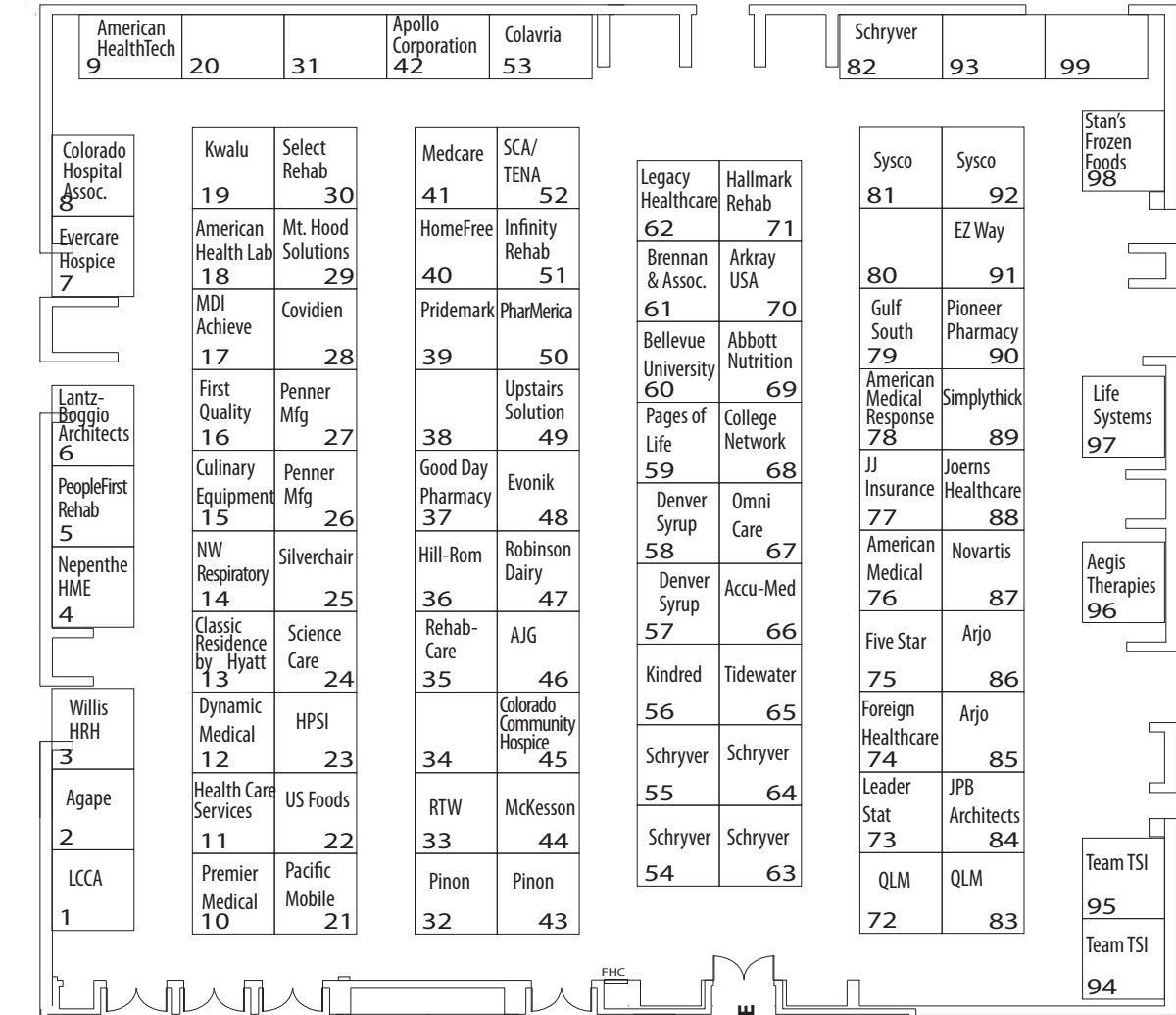


**SERVICE CORRIDOR**

**FREIGHT ENTRY**

Updated  
05/19/09

8' x 10'



ENTRANCE

ENTRANCE

EXIT

6' TABLE

TO MAIN LOBBY

8' x 8'

CROWNE PLAZA HOTEL  
COLORADO SPRINGS, CO

**FALL TRADE SHOW  
LAYOUT**

COLORADO HEALTH CARE ASSOCIATION  
2009 ANNUAL CONFERENCE & EXPOSITION



225 E. 16th Ave.  
Suite 1100  
Denver, CO 80203

PRESORT  
STANDARD  
U.S. POSTAGE PAID  
DENVER, CO  
PERMIT NO. 1854