

# VENDOR CONTRACT



**MISSISSIPPI HEALTH CARE  
ASSOCIATION  
2019 CONVENTION & TRADE SHOW  
Oxford, MS  
June 4-6, 2019**



# 2019 MHCA CONVENTION & TRADE SHOW SCHEDULE \*

MONDAY JUNE 3, 2019	TUESDAY JUNE 4, 2019	WEDNESDAY JUNE 5, 2019	THURSDAY JUNE 6, 2019
Vendor Registration & Set-up 2:00 p.m. to 5:00 p.m.	Conventioneer Registration 8:30 a.m. to 12:00 p.m.	Trade Show AM 9:00 a.m. to 11:30 a.m.	Delegate Check In 8:00 a.m. to 8:30 a.m.
	Vendor Registration & Set-up 8:30 a.m. to 12:00 p.m.	Lunch 11:30 a.m. to 1:00 p.m.	Business Meeting 8:30 a.m. to 9:00 p.m.
	Opening Session 1:00 p.m. to 2:30 p.m.	Education 1:00 p.m. to 2:30 p.m.	Education 9:00 a.m. to 11:00 a.m.
	Education 2:30 p.m. to 4:00 p.m.	Education 2:30 p.m. to 4:00 p.m.	Education 11:15 a.m. to 1:00 p.m.
	Trade Show PM 4:00-6:30 p.m.	President's Reception 6:30 p.m. to 10:30 p.m.	

\* please note this schedule is subject to change

## VENDOR INFORMATION

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

BADGE 1 NAME \_\_\_\_\_ BADGE 2 NAME \_\_\_\_\_

## TYPE OF PRODUCT (PLEASE BE SPECIFIC ABOUT THE PRODUCT YOU WILL EXHIBIT DURING THE TRADE SHOW)

PRODUCT \_\_\_\_\_

## AGREEMENT

We agree to mail full payment with this application. No cancellation of space contract will be accepted or refunds made after April 5, 2019. We agree to abide by all requirements, restrictions, and obligations explained in the promotional material. It is understood that all requests to exhibit are subject to the approval of MHCA. Exhibitors agree to release, defend and hold harmless Mississippi Health Care Association, the Oxford Conference Center in Oxford, Mississippi and their agents and employees from and against any and all losses, cost, damages, liability, or expenses (including attorney's fees) arising out of or resulting from any accident, bodily injury, property loss or damage of the occurrences to any person or persons including the exhibitor's use and occupancy of the exhibit area at the Oxford Conference Center in Oxford, Mississippi or any part thereof.

SIGNATURE OF COMPLIANCE/AGREEMENT \_\_\_\_\_

## PAYMENT

<b>MEMBER BUSINESS CLASS</b>	\$1,000.00	Includes (2) Name Badges	<b>BOOTH CHOICES: ALL BOOTHS HAVE SOLD - ONLY BUSINESS CLASS AVAILABLE - PLEASE CALL DINA 601-898-8320 FOR MORE INFO.</b>
<b>NON-MEMBER BUSINESS CLASS</b>	\$1,500.00	Includes (2) Name Badges	

YES, I UNDERSTAND EXTRA BADGES ARE \$200 EACH, PLEASE ADD # \_\_\_\_\_ TO MY BUSINESS CLASS PURCHASE.

LIST EXTRA NAME BADGE NAMES: \_\_\_\_\_

CHARGE MY CREDIT CARD **MHCA ACCEPTS VISA AND MASTERCARD ONLY**

CARDHOLDER NAME \_\_\_\_\_

CC # \_\_\_\_\_ EXP. / \_\_\_\_\_ 3 DIGIT V-CODE: \_\_\_\_\_

CREDIT CARD BILLING ADDRESS: \_\_\_\_\_  
City State Zip

AUTHORIZED SIGNATURE: \_\_\_\_\_