

# LEADERSHIP ACADEMY

Nov. 7-10, 2022 | Colorado Springs, CO

Colorado Springs, CO | The Broadmoor Hotel

## EXHIBITOR APPLICATION FORM

### Exhibitor Information

Company Name	
Address	
City, State/Province, Zip/Postal	
Company Website (Mandatory)	
Exhibit Coordinator/Contact Person	Title
Phone	Fax
Email (Mandatory)	

PLEASE NOTE: Registration forms that do not include an **email address** or **company website** will not be processed.

\*If a Third Party is representing the above-named Exhibitor, please complete:

Representing Company Name & Full Address	Contact Person & Title
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### Booth Staff Personnel

Name	Title & Company	Email
Name	Title	Email

### Product Category (Please select one)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Billing, coding, and/or documentation | <input type="checkbox"/> Hospital/Health system         | <input type="checkbox"/> Pharmaceutical/Biotechnology     |
| <input type="checkbox"/> Consulting                            | <input type="checkbox"/> Hospitalist management company | <input type="checkbox"/> Professional society/Association |
| <input type="checkbox"/> Device                                | <input type="checkbox"/> IT/Business solutions          | <input type="checkbox"/> Recruiting/Staffing company      |
| <input type="checkbox"/> Diagnostics                           | <input type="checkbox"/> Media/Publication(s)           | <input type="checkbox"/> Scribe services                  |
| <input type="checkbox"/> Education                             | <input type="checkbox"/> Nonprofit                      | <input type="checkbox"/> Other: _____                     |

## Main Objective (Select your primary objective in attending Leadership Academy)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Advertisement and/or public relations | <input type="checkbox"/> Lead generation   | <input type="checkbox"/> Public education |
| <input type="checkbox"/> Business-to-business networking       | <input type="checkbox"/> Product promotion | <input type="checkbox"/> Recruitment      |
|  | <input type="checkbox"/> Product sales     | <input type="checkbox"/> Other: _____     |

## Exhibit (Table space is limited)

- Exhibit Table:** \$2,000
- Additional Booth Staff:** \$50 per additional badge  
(Two complimentary booth staff registrations are included with each exhibit table registration)

## Sponsorship Opportunities

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Lanyards:</b> \$3,000  | <input type="checkbox"/> <b>Mobile App:</b> \$10,000 | <input type="checkbox"/> <b>Nov. 7: Welcome Reception + Booth:</b> \$15,000 |
| <input type="checkbox"/> <b>Pens:</b> \$2,000      | <input type="checkbox"/> <b>Tote Bags:</b> \$8,000   |   |
| <input type="checkbox"/> <b>Notebooks:</b> \$6,000 |  |   |

If a sponsorship is chosen, a letter of agreement with all considerations associated with the sponsorship will be sent for signature and approval. For customized sponsorship packages, please contact the Business Development team at [bizdev@hospitalmedicine.org](mailto:bizdev@hospitalmedicine.org) or 267-702-2653.

## Contract Agreement

We/I agree to abide by all requirements, restrictions, cancellation policies, and obligations noted in the [Exhibitor Contract, Rules and Regulations](#), and all applicable legal requirements. This registration form becomes a binding agreement when accepted.

We/I agree to pay \$\_\_\_\_\_, 100% of the charge for the exhibit space as a part of this registration and contract.

Contract Authorizer Name	Contract Authorizer Signature
Title & Company	Date

## Payment

- Check Enclosed** (Payable to Society of Hospital Medicine)  
Please remit payment in U.S. Funds drawn on U.S. bank.

**All payments must be received and paid in full prior to being allowed exhibit or sponsorship being deemed secured.**


- Charge Credit Card**

All requested credit card payments will receive an invoice and/or be contacted to provide payment details via phone.

Total Charged	\$								
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Please return your completed form to SHM's Business Development Team at [bizdev@hospitalmedicine.org](mailto:bizdev@hospitalmedicine.org).

**Please direct any questions, completed forms, and/or payment inquiries to:**

 Society of Hospital Medicine,  
Business Development  
P.O. Box 822898, Dept. 200E  
Philadelphia, PA 19182-2898

 [bizdev@hospitalmedicine.org](mailto:bizdev@hospitalmedicine.org)

 800-843-3360

 267-535-2911

