

March 22 - 24, 2017

Gaylord Opryland Resort | Nashville, TN

We request an exhibit space for the following size and type of exhibit space:

☐ **HealthTAC Exhibitor** - 10 x 10 **\$3,995 before 1/25/17** | After 1/25/17 \$4,500

Limited to 10 Designer/Architect Company Spots

**This includes all items outlined under this package name in this brochure. All additional show related service fees are at the expense of the exhibitor.*



We plan to exhibit the following products/services _____

EXHIBITOR

First Name _____	Company Name _____
Last Name _____	Address 1 _____
Title _____	Address 2 _____
Phone Number _____	City _____ State/Territory _____
Fax Number _____	ZIP/Postal Code _____ Country _____
Email Address _____	Website URL _____

CREDIT CARD INFORMATION

Credit Card Type: ☐ Visa ☐ Mastercard ☐ AMEX

Credit Card # _____

Expiration Date _____ Security Code _____

Name On Card _____

BILLING INFORMATION

Billing First Name _____ Billing City _____

Billing Last Name _____ Billing State/Territory _____

Billing Address 1 _____ ZIP/Postal Code _____ Country _____

Billing Address 2 _____ Phone Number _____

AGREEMENT

Please check the box below

☐ I, the undersigned agree to the terms and fully understand the program as defined within:

Authorized Signature (Client) _____ Date: _____

Print Name (Client) _____ Title _____

Terms & Conditions:

Completed registration constitutes a contract to participate in the HealthTAC option selected. HealthTAC fees are non-refundable.