##### 2024 Midwest Regional Conference on Palliative and End of Life Care

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| --- | --- | --- | --- | --- |
| **Company:** |  | | | |
| **Contact:** |  | | | |
| **Address:** |  | | | |
| **City/State/Zip:** |  | | | |
| **Phone:** |  | | **Fax:** |  |
| **Contact E-Mail:** |  | | | |
| **Company Website:** | |  | | |
| **IMPORTANT NOTICE:** All exhibitors are expected to have exhibit booths open both days of the conference. On Sunday, October 27th, 2024, the exhibit hall is available for set up at 12:00pm until 5:00pm. Monday, October 28th, 2024, the exhibit hall is available at 8:00am and exhibits should be set up by 10:00am and remain open through the closing at 6:00pm; AND on Tuesday, October 29th, 2024, exhibit hall opens at 7:00am and remain open until 1:00pm. Exhibitor(s) that do not comply with exhibit hours will not be invited to participate in future events. Contact MHPCA office with any questions. | | | | |
| **Product**  **Description:**  **Required Field**  ***Please Complete!!*** | |  | | |
|  | | |
|  | | |
|  | | |
| **Type of Space Check all required** | | 6 Foot-Table Top Display Electricity Required | | |
| Free Standing Display \*Internet Hook-Up & Electric will be offered through our AV Company or hotel. Please contact the hotel for more information\* | | |
| **Describe display** | |  | | |
|  | | |

**Listing in Final Program is different from above:**

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| **Company** |  | | |
| **Address:** |  | | |
| **City/State/Zip** |  | | |
| **Phone:** |  | **Fax:** |  |
| **Representatives who will be in attendance:** | Note registration fee **includes two company representatives only.** Additional representatives may attend for an additional charge of $50.00 per person. (See 2nd page). **Please include name, email and phone # of representative attending.** | | |
| **1.** | | |
| **2.** | | |
| **3.** | | |
| **4.** | | |

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| 2024 Midwest Regional Conference on End-of-Life Care | | | | | |
| **Exhibit0R APPLICATION Page 2** | | | | | |
| Exhibitor Fee | | MHPCA Member Rate $800.00 | | |  |
| Non-Member Rate $1,500.00 | | |  |
| Non-Profit Rate $700.00 | | |  |
| Late Fee of $200.00 if postmarked after August 15, 2024 | | | | |  |
| Advertising Space inFinal Program | Inside Back Cover | | | $800.00 |  |
| Outside Back Cover | | | $1,000.00 |  |
| Inside Front Cover | | | $800.00 |  |
| Double Page Spread | | | $1,000.00 |  |
| Full Page | | | $600.00 |  |
| Half Page | | | $400.00 |  |
| Quarter Page | | | $300.00 |  |
| **Drink Tickets for Game Night**  (Tickets may only be used for game night on Monday, Oct 28th, 2024) | | | **$12/each** | |  |
| *Please Indicate Game you will bring for Game Night – Monday, October 28th, 2024, 4pm-6pm. Please be interactive.* | | |  | |  |
| Additional Company Representatives(If you wish to register more than 2 company representatives) | | | $50/person | |  |
| Box lunch tickets for Monday – October 28th, 2024 (Registration includes two lunch tickets) | | | **$32/person** | |  |
| Plated lunch tickets for Tuesday – October 29th, 2024 (Registration includes two lunch tickets) | | | $45/person | |  |
| Workshop Registration Fee (Workshop attendance not included with Exhibitor Registration) | | | $300/person | |  |
| Printed Workshop Syllabus | | | **$100.00** | |  |
| MHPCA Associate Membership if joining currently $650.00 (Join today with your Exhibitor Application) | | | | |  |
| TOTAL DUE | | | | |  |

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| **Credit Card Payment** | | | | | | | |
| **Credit Card**  **Number** |  | **Expiration Date** | | | |  | |
| **Name on Card** |  | | **Code on Back of Card** | | | |  |
| **Billing Address**  **for Card** |  | | | **Zip**  **Code** |  | | |
| **Signature** |  | | | | | | |

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| **Missouri Hospice & Palliative Care Association**  **PO Box 105318, Jefferson City, MO 65110 Ph: 573-415-2010 Fax: 573-415-2005** |