



4TH ANNUAL SMOKY MOUNTAIN RN & CRNA CONFERENCE MEETINGS SPONSOR / EXHIBITOR AGREEMENT

EXHIBIT FEE	\$400.00 - one booth; \$600.00 - two booths.
SPONSOR FEE	Sponsor a Break - \$700.00 Includes (1) Booth Sponsor a Speaker - travel expenses, room and honorarium (includes (1) Booth @ no charge)
INCLUDES	Price includes one skirted table, chair and wastebasket per Exhibitor. Electrical hookups are \$25.00 for 20 amp service.
PAYMENT	Payment must be received with application in order to reserve space.
CHARACTER	Healthy Visions reserves the right to decline or prohibit any exhibit or part of exhibit booth activity which in its opinion is unsuitable.
CARE OF BUILDING EQUIPMENT	Exhibitors or their agents shall not injure or deface the walls, floors, carpeting or ceilings of the building or tables provided. When any damages appear, the exhibitor is liable to the hotel for these damages.
INSTALLATION OF EXHIBIT	Exhibitors may setup their own equipment in the spaces provided early on Saturday morning before the meeting begins.
EXHIBIT HOURS	9:00-9:05 – 5” Break; 10:05—10:15, 10” Break; 11:15 - 11:45, 30” Break; 12:45-1:00, 15” Break; 2:00 Adjourn
REMOVAL OF EXHIBITS	Dismantling of exhibitor’s materials from booths should begin after the afternoon break or by the close of the meeting. The work and cost of removing exhibit materials from the booths will be borne by the exhibitor. Shipping arrangements must be made in advance.
CANCELLATION OF EXHIBIT SPACE	I understand that cancellation of any exhibit space 30 days before the meeting date will result in a cancellation penalty of 50% to be retained by Healthy Visions for administrative costs. There will be absolutely no refunds two weeks before the meeting.
LIABILITY	Healthy Visions and the hotel will not be responsible for the safety of exhibits from theft, fire, damage, or other causes. The exhibitor hereby assumes responsibility for injury or damages to persons or property from any event originating from or occurring within the exhibit space assigned to the exhibitor.

Exhibitors are responsible for their own hotel reservations.



4TH ANNUAL SMOKY MOUNTAIN RN & CRNA CONFERENCE

**** (Tax ID # _____)****

MEETING SPONSOR / EXHIBITOR AGREEMENT APPLICATION

Company: _____

Address: _____

Phone: _____ Fax: _____ Cell _____

Email: _____

Name of Representative: _____

Additional individuals who will be attending _____

Credit Card # _____

MC, Visa, DIS, AMEX _____ Ex Date _____ s. code _____

Door Prize (if any): _____

Sponsor / Exhibitor Fee(s)

Sponsorships	<input type="checkbox"/> Sponsor Speaker	Travel expenses, room, honorarium	_____
	<input type="checkbox"/> Sponsor Break 1	\$700.00	_____
	<input type="checkbox"/> Sponsor Break 2	\$700.00	_____
	<input type="checkbox"/> Sponsor a Workshop		_____
Exhibit	<input type="checkbox"/> One Booth Fee	\$400.00	_____
	<input type="checkbox"/> Two Booth Fee	\$600.00	_____
	<input type="checkbox"/> Electrical	\$25.00	_____
		Total Enclosed:	_____

Please mail this form along with payment to: Healthy Visions Wellness Center, 800 Oak Ridge Turnpike, Suite A-208, Oak Ridge, TN 377080 – Fax 865-220-0270 – Phone 865-220-0777 – 866-312-3159

For office use only – Check # _____ Date Rcv'd _____ CC type _____ Amount _____