



2025 M Street NW, Suite 800, Washington, DC 20036

Phone: (202) 367-1113; Fax: (202) 367-2113

E-mail: info@physicianhospitals.org Web: www.physicianhospitals.org

Corporate Membership Invoice and Application
Dues to be paid annually by March 15

Check the category of your choice:

Corporate Platinum Partner \$ 8,000

- Named as Platinum Member at Annual Conference and on PHA website
- 2nd choice of booth selection at Annual Meeting (after Industry Leader)
- Logo, website link, carry-all folder insert, and description included in conference materials
- Six (6) complimentary registrations at Annual Meeting
- One year membership to include e-mail updates, access to membership directory, and mailing list of meeting attendees
- One corner or inline 10' x 10' booth
- Upgrade booth size for \$1,000 per 10' x 10' space

Corporate Gold Partner \$ 6,000

- Named as Gold Member at Annual Conference and on PHA website
- 3rd choice of booth selection at Annual Meeting (After Industry Leader and Platinum)
- Logo, website link, carry-all folder insert and description included in conference materials
- Four (4) complimentary registrations at Annual Meeting
- One year membership to include e-mail updates, access to membership directory, and mailing list of meeting attendees
- One corner or inline 10' x 10' booth
- Upgrade booth size for \$1,000 per 10' x 10'

Corporate Silver Partner \$ 4,500

- Named as Silver Member at Annual Conference and on PHA website
- 4th choice of booth selection at Annual Meeting (after Industry Leader, Platinum, and Gold)
- Website link and description included in conference materials
- Three (3) complimentary registrations at Annual Meeting
- One year membership to include e-mail updates, access to membership directory, and mailing list of meeting attendees
- One inline 10' x 10' booth
- Upgrade to corner booth for \$300
- Upgrade booth size for \$2,000 per 10' x 10'

Corporate Bronze Partner \$ 2,500

- Named as Bronze Member at Annual Conference and on PHA website
- 5th choice of booth selection at Annual Meeting (after Industry Leader, Platinum, Gold, and Silver)
- Name and description included in conference materials
- Two (2) complimentary registrations at Annual Meeting
- One year membership to include e-mail updates, access to membership directory, and mailing list of meeting attendees
- One inline 10' x 10' booth
- Upgrade to corner booth for \$300
- Upgrade booth size for \$2,000 per 10' x 10' space

Please check here and complete the attached Exhibitor and Sponsorship Contract/Application if you intend to exhibit at the PHA Annual Conference and Exhibits.

Member Information

Company Name _____ Website _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____

Please list contact(s) in your company to be included in PHA's membership. Most of PHA's communications are by email.

	Name	Title	Email	Phone
Primary Contact				
Administrator/CEO				
Sales				
Marketing				
Exhibit Contact				
Government Relations				
Other				

Payment Information

Please make check payable to PHA.

Send application and payment directly to: Physician Hospitals of America
 Department 3109
 Washington, DC 20042-3109

Or provide credit card information below and fax this form to (202) 367-2113.

Visa MC American Express Discover Credit Card # _____ Expiration Date: _____

Please charge my card: \$ _____ Cardholders Name: _____ Cardholders Signature: _____

Pursuant to the 1993 Omnibus Reconciliation Act, the Physician Hospitals of America has estimated that the non-deductible portion of your dues for lobbying expenses is at least 53%. The remaining portion of your dues may be deducted as an ordinary and necessary business expense. Taxpayer ID is 770556575.

RATE/FEE TOTALS

CORPORATE MEMBERSHIP OPTIONS

Industry Leader	\$10,000/\$15,000	_____
Platinum	\$8,000	_____
Gold	\$6,000	_____
Silver	\$4,500	_____
Bronze	\$2,500	_____

ADDITIONAL REPRESENTATIVE/GUEST RATES (Members and Non-members)

Additional Representative/Guest (each)	\$ 250	_____
Friday Blue Jeans & BBQ (each)	\$ 100	_____

SPONSORSHIP OPPORTUNITIES

Wednesday Keynote	\$10,000	_____
Friday Keynote	\$10,000	_____
Conference CD	\$ 5,000	_____
Conference Notebooks	\$ 3,500	_____
Conference Carry-All Folders	\$ 3,500	_____
Conference Mouse Pads	\$ 3,000	_____
Conference Print Station/Internet Café	\$ 3,000	_____
Badge Lanyards	\$ 2,500	_____
Wednesday Reception	\$ 5,000	_____
Thursday Breakfast	\$ 3,000	_____
Thursday Break	\$ 2,500	_____
Thursday Lunch (Two companies @ \$5,000 each)	\$10,000	_____
Thursday Reception	\$ 5,000	_____
Friday Breakfast	\$ 3,000	_____
Friday Break	\$ 2,500	_____
Friday Lunch (Two companies @ \$5,000 each)	\$10,000	_____
Social Event	\$15,000	_____
Carry-All Insert	\$ 1,000	_____
Room Drops*	\$ 2,500	_____
Golf Tournament Hole	\$ 1,800	_____
Golf Cart	\$ 2,500	_____
Golf Beverage Cart	\$ 3,000	_____
Other (Contact PHA office)		_____

TOTAL PAYMENT ENCLOSED \$ _____

*Extra hotel charge applies.

EXHIBITOR & SPONSORSHIP CONTRACT/APPLICATION

Primary Booth Contact: _____

Title: _____

Company: _____
(exactly as it should appear in the conference program, syllabus, promotional materials)

Web Address: _____

PHA Corporate Member: Industry Leader Platinum Gold Silver Bronze

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Booth Requests: Please list specific choices for exhibit space.

We will try to accommodate your choice(s) listed below.

1. _____ 2. _____ 3. _____

List products and/or firms that you DO NOT wish to be adjacent to: _____

List products and/or firms that you DO wish to be close to: _____

EXHIBITOR RATES

Corporate Exhibitor: Each corporate exhibitor will receive a 10' x 10' booth. For membership information go to www.physicianhospitals.org. All contracts must be accompanied with payment. There is a \$300 up charge for a corner booth on the Silver and Bronze Corporate Membership level if space is available. If you wish to upgrade your booth size, it is \$2000 per 10' x 10' booth for Silver and Bronze Corporate Members; \$1000 per 10' x 10' booth for Gold and Platinum Corporate Members if space is available.

Cancellation Policy: All booth and sponsorship cancelations must be made in writing to PHA on or before July 25, 2011. All cancellation requests received before July 25, 2011 are eligible for a 50% refund of the amount that has been paid. There will be no refund given for any cancellation request received after July 25, 2011.

REQUIRED SIGNATURE

By signing below, the individual signing this contract represents and warrants that he/she is duly authorized to execute this binding contract and agrees to receive e-mail and fax correspondence from PHA at the contact information provided on this form. I have read, understand, and agree to all of the terms of this document and to the PHA Exhibit Guidelines and Regulations, which are posted online at physicianhospitals.org. All sales made after July 25, 2011 are final and nonrefundable.

Agreed to: _____ Date: _____

Signature of Authorized Representative

Print Name: _____ Title: _____

THREE CONVENIENT WAYS TO SPONSOR

Corporate Membership \$ _____

Sponsorship Opportunities \$ _____

Exhibitor Upgrades \$ _____

Total \$ _____

Enclosed is a check, payable to PHA. Mail to: Department 3109, Washington, DC 20042

I authorize PHA to charge my: Visa MasterCard American Express Discover

Fax to: Fax contract form with credit card information to (202) 367-2172

Credit Card Number: _____

Expiration Date: _____

Printed Cardholder Name: _____

Signature: _____

Questions: Phone: (312) 673-4838 Fax: (202) 367-2172 E-mail: meetings@physicianhospitals.org