

Texas Health Information Management Association  
 Annual Meeting & Convention  
 June 18 – June 20, 2006  
 The San Luis Resort, Spa & Conference Center  
 Galveston Texas

**I. Correspondence information:** Please identify one individual as your company's contact person. ALL mailing concerning your exhibitor contract and booth information will be mailed to this individual at the address you provide below.

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**II. Booth information:**

Booth selection: 1st choice: \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_

Booth size:	Early Bird Fee:	Regular Fee:
<input type="checkbox"/> single	\$ 750	\$ 900
<input type="checkbox"/> double	\$ 1200	\$ 1350

Registration: Payment must be postmarked by March 1, 2006 to receive the reduced, early fee.

Cancellation: Cancellations received prior to March 8, 2006, will receive a refund of fees paid less a \$100 handling charge. Cancellations made after March 8, 2006, will forfeit the entire fee.

**III. Sponsorship information:**

Please indicate the sponsorship and fill in the amount to be donated or the details, if the event is to be coordinated by your company:

- Break \$ \_\_\_\_\_
- Speaker \$ \_\_\_\_\_
- Lunch \$ \_\_\_\_\_
- Tote Bags \$ \_\_\_\_\_
- T-shirts \$ \_\_\_\_\_
- Lanyards \$ \_\_\_\_\_
- Installation Ceremony \$ \_\_\_\_\_
- Ad in Convention Program
  - \$155 full page (8 1/2 X 11) \$ \_\_\_\_\_
  - \$ 80 half page \$ \_\_\_\_\_
  - \$ 55 quarter page \$ \_\_\_\_\_
  - \$ 30 business card \$ \_\_\_\_\_

(Note: ad deadline March 15, 2006)

President's Reception \_\_\_\_\_

Hospitality Suite \_\_\_\_\_

Other (please indicate type of sponsorship) \_\_\_\_\_

**IV. Program listing:**

On the back of this application, please complete the form with information on your company exactly as you wish it to appear in the convention program, or **let us know if you want to use your current description and logo.**

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**V. Liability disclaimer:**

Exhibitor shall be fully responsible to pay for any and all damages to property owned by The San Luis Resort, Spa & Conference Center, Galveston Texas, its owners or managers which results from any act of omission of Exhibitor. Exhibitor agrees to defend, indemnify and hold harmless, the San Luis Resort, Spa and Conference Center, its owners, managers, officers or directors, agents, employees, subsidiaries and affiliates, from any damages or charges resulting from Exhibitor's use of the property. Exhibitor's liability shall include all losses, costs, damages, or expenses arising from or out of or by reason of any accident or bodily injury or other occurrences to any person or persons, including the Exhibitor, its agents, employees, and business invitees which arise from or out of Exhibitor's occupancy and use of the exhibition premises or any part thereof.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Program Listing:**

**Please list information as it is to appear in the Program Booklet.**

Please print

A. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

B. Description of company, products or services (50 - 75 words max):

C. Please check the category (all that apply) where you would like to have your company listed in the program.

- |   |   |
|---|---|
| <input type="checkbox"/> CPR computer-base patient record | <input type="checkbox"/> coding/optimization          |
| <input type="checkbox"/> consulting                       | <input type="checkbox"/> digital/voice recognition    |
| <input type="checkbox"/> dictation products/services      | <input type="checkbox"/> educational                  |
| <input type="checkbox"/> filing supplies                  | <input type="checkbox"/> forms                        |
| <input type="checkbox"/> imaging services/equipment       | <input type="checkbox"/> information systems/software |
| <input type="checkbox"/> microfilm supplies/equipment     | <input type="checkbox"/> office products/equipment    |
| <input type="checkbox"/> outsourcing                      | <input type="checkbox"/> recruitment/placement        |
| <input type="checkbox"/> transcription products/services  | <input type="checkbox"/> release of information       |

Signature: \_\_\_\_\_

Return with payment to: TxHIMA 1700A RR12 #345 San Marcos TX 78666