



**Mid-Atlantic Association of Community
Health Centers
4483-B Forbes Boulevard
Lanham, MD 20706
(301) 577-0097 (301) 577-4789 – Fax**

Health, Empowerment and Resources Symposium

May 26, 2007

EXHIBITOR CONTRACT

The contract for exhibit space at the Mid-Atlantic Association of Community Health Center's (MACHC) Women's Health Symposium will become a binding contract when a completed application is received by MACHC and upon written acceptance and regardless receipt of payment. This contract is based upon the terms as set forth therein of the exhibit rates and rules and regulations as may be updated and amended and established by MACHC.

EXHIBIT SPACE RENTAL FEE

The rental fee for exhibit space at the Mid-Atlantic Association of Community Health Center's (MACHC) HERS! Health, Empowerment and Resources Symposium is attached (See Exhibit Level) and is priced per table (table top display only). The deadline to request space is February 28, 2007.

EXHIBIT HOURS:

8:00 a.m. – 9:00 a.m.
10:00 a.m. – 10:15 a.m.
11:15 a.m. – 11:30 a.m.
12:30 p.m. – 2:30 p.m.

INSTALLATION AND REMOVAL TIME

All exhibitor materials must be set up by Saturday, May 26, 2007 by 7:00 a.m. All exhibitor materials must be removed by Saturday, May 26, 2007 by 5:00 p.m. MACHC reserves the right to change installation, removal time and exhibit hours at its discretion.

PAYMENT TERMS

A 50% deposit of the exhibit space rental fee must be received with submission of application and contract. The remaining 50% of the exhibit space rental fee will be due and payable by March 30, 2007. Please make checks payable to the Mid-Atlantic Association of Community Health Centers, 4483-B Forbes Boulevard, Forbes Center Building II, Lanham, Maryland 20706, Attn: Membership and Meetings Department. No cancellations will be accepted or refunds permitted in the contracting of exhibit space.

MACHC will not be held liable for failure to perform its obligations under this contract as a result of strikes, riots, acts of God, civil disorder, acts of war or Government regulation. Under no circumstance will the MACHC will be held liable for loss of personal property, injury or damage that may occur.

DISCLAIMER:

The Mid-Atlantic Association of Community Health Centers does not endorse or approve any commercial products.

Mid-Atlantic Association of Community Health Centers

HERS! Health Empowerment and Resource Symposium

APPLICATION FORM

Please type or print neatly: (this information is important for badge information and official exhibitors' list)

Name of Contact: _____ Name of Representative On-Site: _____

Sponsor/Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email _____ Website: _____

PLEASE DESCRIBE DISPLAY: _____

Contact Person (for display and logo): _____

ELECTRICAL POWER (subject to availability)

_____ I would like to request electricity for my booth.

PLEASE CHECK EXHIBIT/SPONSORSHIP LEVEL:
(Contact MACHC to discuss additional sponsorship opportunities)

EXHIBITORS: ___ \$1,000.00 ___ \$750.00 ___ \$500.00 ___ \$250.00

SPONSORSHIP: ___ Demonstration Area ___ Giveaways/Prizes ___ Other (See attachment)

_____ I have enclosed a check made payable to the Mid-Atlantic Association of Community Health Centers.
(Payment due with submission of application)

Name of Responsible Party Signature of Responsible Party Date

CANCELLATION/REFUND POLICY

No refunds or cancellations will be permitted after receipt of application and contract by the Mid-Atlantic Association of Community Health Centers.

PLEASE RETURN APPLICATION WITH PAYMENT ON OR BEFORE FRIDAY, MARCH 30, 2007.

Mid-Atlantic Association of Community Health Centers
4483-B Forbes Boulevard, Suite B
Lanham, MD 20706
Attn: Deitra Bell
301-577-0097, ext. 23, 301-577-4789 - fax
Email: deitra.bell@machc.com