

**MACHC Annual Conference**  
**“Access to Healthcare: Empowering Change”**  
**PROSPECTUS FOR EXHIBIT SPACE**  
**September 20-21, 2018**

**CONFERENCE LOCATION:**

**Dover Downs Conference Center**  
1131 North DuPont Highway; Dover, DE

**EXHIBITOR PACKAGE INCLUDES:**

**Cost: \$1,750.00 for profit organizations**  
**\$1,250 for not-for-profit organizations**

- name badge for one person,  
(*additional exhibitors must register as an attendee*)
- one skirted 6 ft. table
- signage
- breakfast and lunch for one person
- logo in brochure/website (1/4 page)
- list of attendees, to be sent at completion of conference
- electrical power, if available

**EXHIBIT SETUP:**

Thursday, September 20, 2018 @ 7:00 a.m.

**EXHIBIT BREAKDOWN:**

Friday, September 21, 2018 @ 2:30 pm.

**AUDIENCE:**

Health Center Chief Executive Officers, Chief Operating Officers, Chief Medical Officers, Chief Finance Officers, Human Resources, Administrators, Site Managers and other senior staff.

**CONFERENCE OVERVIEW:**

Your exhibit includes displaying for the 2 day *Conference*. The event will be held **September 20-21 2018 at Dover Downs Conference Center.**

**ACCOMODATIONS:**

To book overnight accommodations, please call 800-711-5882 and refer to code GMACA18.

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**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:**    \_\_\_\_\_ \$1,750.00  
                          \_\_\_\_\_ \$ 1,250.00 not-for-profit

For consideration, a check made payable to the Mid-Atlantic Association of Community Health Centers must accompany this application.

\_\_\_\_\_  
Name of Responsible Party                      Signature of Responsible Party                      Date

**CANCELLATION/REFUND POLICY:**

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

**PLEASE RETURN APPLICATION WITH PAYMENT TO:**

Mid-Atlantic Association of Community Health Centers  
4319 Forbes Boulevard  
Lanham, MD 20706  
Attn: Deitra Bell  
301-577-0097, ext. 123, 301-577-4789 - fax  
Email: [deitra@machc.com](mailto:deitra@machc.com)

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**CHECKLIST**

- Complete Application
- Send Check and Application to Deitra Bell at MACHC  
*(Deadline September 1, 2018)*
- Email Deitra Bell your organizations logo @ [deitra@machc.com](mailto:deitra@machc.com)  
*(Deadline September 1, 2018)*
- Register for conference on MACHC website.  
*(Deadline September 1, 2018)*
- Book your accommodations

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