



Kentucky Healthcare Coalition Conference

2012 TRADE SHOW

ONE DAY ONLY September 25, 2012 • 12:30-6 p.m.

Lexington Center • Lexington KY

**SPACE LIMITED!
RESERVE YOUR
BOOTH TODAY!**

Company Name _____ Contact Name _____

Phone _____ Fax _____ E-mail _____

Address _____

City _____ State _____ ZIP _____ Website _____

Type of Product(s) Exhibited _____

Platinum Partner ~~\$3,200~~ **\$2,880** (BY 12/31/2011) or **\$3,040** (1/1/12-5/1/12)

- Double booth space and priority in choice of booth location
- Introduction at Annual Conference
- Full-page color ad and company listing in Official Program and promotional item in Attendee Totes
- 3 memberships in the KHCC association(s) of your choice and recognition on Association website/directory

NEW THIS YEAR FOR PLATINUM PARTNERS ONLY!

- FREE Hospitality Room 7-9 p.m. after Trade Show and Vendor Appreciation Reception. Bartender included. Partial allowance to customize a themed food/drink menu for attendees.

Gold Partner ~~\$1,700~~ **\$1,530** (BY 12/31/2011) or **\$1,615** (1/1/12-5/1/12)

- Double booth space and priority in choice of booth location
- Introduction at Annual Conference
- Company listing in Official Program and on KHCC Association website
- 2 memberships in the KHCC association(s) of your choice
- Opportunity to host educational seminar during the year

Silver Partner ~~\$950~~ **\$855** (BY 12/31/2011) or **\$902.50** (1/1/12-5/1/12)

- Single booth space and priority in choice of booth location
- Introduction at Annual Conference
- Company listing in Official Program and on KHCC Association website
- 1 membership in the KHCC association of your choice
- Opportunity to host educational seminar during the year

Vendor ~~\$750~~ **\$675** (BY 12/31/2011) or **\$712.50** (1/1/12-5/1/12)

- Single booth space

Trade Show Theme

Day at the Races

to include betting to win KHCC Cash to purchase items for sale at Vendor Booths PLUS hourly door prize drawings, additional entertainment, AND

VENDOR APPRECIATION RECEPTION 6-7 p.m.
WITH OPEN BAR

Payment Information (PAYMENT MUST BE RECEIVED BY 12/31/2011 for 10% discount / between 1/1/12-5/1/12 for 5% discount)

Check # _____ Mastercard VISA American Express **AMOUNT \$** _____

Card Number _____ Exp. Date _____

Name on Card _____

Signature _____ Date _____

FAX TO: (502) 241-5900 MAIL TO: KHCC, 9462 Brownsboro Road, #158, Louisville, KY 40241
REGISTER ONLINE AT: www.KSHE.org QUESTIONS: (888) 886-9364 or jennieh@kshe.org