

SPONSOR APPLICATION

2004 HFMA Alabama Annual Institute ● July 25-28, 2004 ● Destin, Florida

Applications are considered binding and eligible only after both the application and payment are received.

Please type or print:

Company name: _____

Contact person: _____ Phone: _____

Address: _____ Fax: _____

_____ E-Mail: _____

City: _____ State: _____ Zip: _____

Authorized Signature: _____ Print Name: _____

Various Opportunities Available

Vendor Fair:

NOTE THAT SPACE IS LIMITED DUE TO HOTEL SPACE ALLOCATION

Space will be made available to Alabama Chapter Corporate Sponsors before being made available to other exhibitors. Selection of booth will be based on the order in which applications are received. Vendors will be contacted according to the numbered application to discuss location selection. These are single booths (10 X 8), each vendor will be provided a space and a table/chair.

Alabama Chapter of HFMA Diamond Sponsors	\$ 0	_____
Alabama Chapter of HFMA Gold Sponsors	\$375	_____
Alabama Chapter of HFMA Silver & Bronze Sponsors	\$750	_____
All Others	\$750	_____

Cancellations before July 1 are subject to a \$100 fee. No refunds after July 1, 2004.

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TOTAL PAID \$ _____

PAYMENT:

Credit Cards: Master card or Visa Only _____ (card #) _____ (exp date)

_____ (print name as appears on card)

_____ (signature)

OR, make check payable to **Alabama Chapter HFMA** and send with completed, signed application to:

Yolanda Rich
Eastern Health System, Inc.
50 Medical Park East Drive
Birmingham, AL 35235

Please direct ANY specific inquires regarding Exhibits to Yolanda
@ 205 838-3426 (fax) 205 838-3227
or email ydrich@ehs-inc.com

For Office Use Only:

Application and Payment Received
Date & Time: _____

Application Number _____