

CASE MANAGEMENT SOCIETY OF AMERICA- EASTERN OKLAHOMA CHAPTER  
8<sup>th</sup> Annual Educational Conference

"Championship Case Management—Teaming Up to Win"

May 10, 2016

Marriott Southern Hills-- (866) 530-3760 (Hotel Reservations)

**Booth Exhibitor Registration Form**

(Please Print or Type All Information)

**Registration**

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

Contact Person: \_\_\_\_\_ CMSA ID # (required to receive Member Pricing) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**I/My organization would like to participate in CMSA-EOK's Educational Conference:**

- CMSA Non-Member Booth Exhibitor (\$550.00 by Apr 15) (\$600.00 on or after Apr 15) .... \$ \_\_\_\_\_  
(Booth Fee includes 2 FREE booth attendants plus 1 CM attendee—please list names below)
- CMSA Member Booth Exhibitor (\$375.00 by Apr 15) (\$390.00 On or after Apr 15) ..... \$ \_\_\_\_\_  
(Booth Fee includes 2 FREE booth attendants plus 1 CM attendee—please list names below)
- Electrical connection (Hotel charge is \$30.00)..... \$ \_\_\_\_\_
- Additional Booth attendants\*\* \_\_\_@ (\$50/Mbr--\$75/Non-mbr by Apr 15) (\$55/Mbr--\$80/Non-mbr after Apr 15) \$ \_\_\_\_\_
- Luncheon only \$35.00 \$ \_\_\_\_\_

**Totals** \$ \_\_\_\_\_

**CMSA of Eastern OK Tax ID # 83-0505533** **AMOUNT ENCLOSED** \$ \_\_\_\_\_

Payment : Check # \_\_\_\_\_ MasterCard  Visa  Discover  Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Authorized Signature for Credit Card \_\_\_\_\_

**2 Free Booth Attendant Names** 1) \_\_\_\_\_ 2) \_\_\_\_\_

Additional Booth Attendants \*\* Cost listed above 1) \_\_\_\_\_ 2) \_\_\_\_\_

**Complimentary Conference Attendee Registration Name:\*\*** Need name & attendee registration form \_\_\_\_\_

*\*\*Can be assigned to any CM as a marketing tool and to increase attendance. The **Complimentary** conference attendee listed above is in addition to your 2 **Free Booth Attendants**. Complimentary attendees **still need to complete an attendee registration form to attend the conference**. **All** conference attendees also need to complete an attendee registration form in addition to this form.*

**We the Undersigned do Hereby Agree to the Following:**

- a) All provisions of the rules and regulations in the exhibitor acknowledgement letter are to be followed. **Booth includes 2 free booth attendees. Additional Booth attendees are allowed at fees specified above.**
- b) Exhibit fee includes registrations and space costs. Furnishings, labor, shipping and hotel arrangement must be made individually.
- c) Checks should be made payable to the CMSA-Eastern OK. *Payment of sponsorship should be made by April 15, 2016 or space will not be reserved.*
- d) Exhibitor Booth space is available on a first-come basis when your application and *payment is received*. Other factors may influence space assignment such as date of registration, special needs, and general layout of exhibits.
- e) It is agreed by signing this form you understand and will comply with all the guidelines stated above while exhibiting at the Marriott Southern Hills. Failure to comply with any of the above stated guidelines will result in a **\$250.00 damage fee**, payable by the Exhibitor at the time of the event.
- f) Cancellations must be in writing and must be received by April 15, 2016 in order to receive a refund minus \$100.00 administration fee. Cancellations received after April 15, 2016 but prior to May 10<sup>th</sup> will forfeit all monies paid. Failure to submit a cancellation and failure to appear at the conference will result in owing the full sponsorship/registration fees. *Payment of sponsorship should be made by April 15, 2016 or space will not be considered reserved.*

\_\_\_\_\_  
**Company Representative**

\_\_\_\_\_  
**Date**

Please return a signed copy of this agreement to:

CMSA-Eastern OK Conference, P.O. Box 35766, Tulsa, OK 74153

Questions? Please call or email: (918) 636-7162 or [info@cmsa-easternok.org](mailto:info@cmsa-easternok.org). --Or--FAX (918) 488-8021

**CMSA-EOK USE**

Date Received \_\_\_\_\_ Total Amt of Contract \$ \_\_\_\_\_ Amt Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_

Dated \_\_\_\_\_ Bal Due \_\_\_\_\_ Bal Paid \_\_\_\_\_ Check # \_\_\_\_\_ Booth # Assigned \_\_\_\_\_

Credit Card Approval/Confirmation #: \_\_\_\_\_