

Dear Vendor,

We are pleased to invite you to join us for 2011 **Texas Health IT Summit: Dallas/Ft. Worth**. TMF Health Quality Institute, Texas Health Institute and the North Texas Regional Extension Center are proud partners of an exciting and informative Summit to be held **September 8-10, 2011** in Irving, Texas.

The Summit will provide multiple learning opportunities for physicians, physician assistants, nurse practitioners, nurses, practice administrators, and other health care professionals who are looking to purchase an EHR or want to learn more about the alphabet soup of health information technology (HIT). **This is a unique opportunity for you to have an audience of over 350 attendees to demonstrate your products and your work.** Vendors will have the opportunity to gain new contacts and substantial business from this dynamic group of individuals.

We look forward to discussing this opportunity with you. Please call 512.279.3907 or email aconway@texashealthinstitute.org. Thank you, in advance, for your consideration.

Summit Venue

The 2011 Texas Health IT Summit: Dallas/Ft.Worth will be held at the Sheraton Grand Hotel DFW Airport, 4440 John Carpenter Fwy, Irving, Texas. Lodging accommodations may be reserved at the Sheraton at the special Summit rate of \$107.00 (+ tax) per night.

Official Exhibit Schedule

Thursday, September 8th

1:00pm – 5:00pm

5:00pm – 9:00pm

Set-up**Physician Mini-Summit with EHR Vendors (Reception & Dinner)****Friday, September 9th**

7:00am – 6:00pm

Exhibit Hall Open (breakfast, lunch and breaks will be served in the Exhibit Hall)

Please note: There will be an exclusive vendor meeting with a representative from each of the 4 of the RECs, HHSC, TSHA and others, Friday from 1pm – 3pm.

How to Apply

The Vendor/Exhibitor Form follows and continues on the next page. Please complete and return the application with the appropriate payment or purchase order by **August 19, 2011** to:

Address: **Texas Health Institute**
Attention: Amanda Conway Royston
8501 North MoPac Expressway, Suite 300
Austin, TX 78759

Fax: (512) 600-4947
E-mail: aconway@texashealthinstitute.org
Phone: (512) 279-3907

Vendor /Exhibitor Registration Form

Directions: Please e-mail form to aconway@texashealthinstitute.org or fax form to (512) 600-4947.

Vendor/Exhibitor Package

- Placement of one exhibit table (Standard 6' skirted table)
- Wireless internet
- Complimentary conference registration for one attendee
- Listing in the conference program, website, select conference materials and signage

Please check one of the following:

- Non-profit*/Government Exhibitor** – \$500 **Please provide proof of non-profit status*
- For-profit Organizations** – \$1,250

A la Carte Sponsorship Opportunities

| | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> | Opening Reception* | \$10,000 |
| <input type="checkbox"/> | Lunch* (2 avail.) | \$5,000 |
| <input type="checkbox"/> | Breakfast* (2 avail.) | \$3,000 |
| <input type="checkbox"/> | Refreshment Break* (3 avail.) | \$2,000 |
| <input type="checkbox"/> | Conference Reusable Grocery Bags Logo imprinted on reusable grocery bags given to all attendees, with shared space for 2011 Texas Health IT Summit logo. | Please inquire for pricing |
| <input type="checkbox"/> | Customized Name Badge Lanyards* | \$2,000 |
| <input type="checkbox"/> | Intensive Workshops* (4 avail.) | \$3,000 |
| <input type="checkbox"/> | Reusable Water Bottles Logo imprinted on reusable water bottles included with attendee materials, with shared space for SOS logo. | Please inquire for pricing |
| <input type="checkbox"/> | Hospitality Suite for Demo (2 hours) Demo time will be listed in the agenda. Room will consist of basic A/V. | \$300 |
| Name appears on sponsor list on web site, in conference handbook and on signage. Sponsors of reception and meals will be publically recognized prior to the event. <i>* Sponsor of any of the additional items above receives complimentary Summit registration.</i> | | |

Sub-total for A la Carte Sponsorship Items: \$ _____

Sub-total for Vendor/Exhibitor Package: \$ _____

TOTAL: \$ _____

Organization: _____
(Exactly as it is to be listed on all acknowledgments)

Contact Name: _____ Will be attending Summit: ___ Yes ___ No

Contact Title: _____ Phone: _____

Address: _____ City/State/Zip: _____

E-mail Address: _____

On-site Team member: _____ E-mail: _____

*Additional Team member: _____ E-mail: _____

** Additional team members in the booth will only pay \$200 which includes all meals and Summit materials.*

Payment Information: Check Enclosed Credit Card Send Invoice
(Make checks payable to: Texas Health Institute, 8501 N. MoPac Expressway, Suite 300, Austin, TX 78759)

Credit Card Information:

| | | | |
|--|--|------------------------------------|--|
| Amount to be charged: \$ _____ | | Circle one: Visa MC AMEX | |
| Credit Card Number: _____ | | Expiration Date: _____ | |
| I am an authorized representative of the company named above with full power and authority to sign this form and make this commitment. | | | |
| _____ | | _____ | |
| (Please print name of individual) | | (Please print title of individual) | |
| _____ | | _____ | |
| (Authorized Signature) | | (Date) | |

Payment: Under the terms of this agreement, the vendor/sponsor agrees to pay the total of fee with this application or within 30 days of receipt of an invoice. It is understood that failure by the exhibitor/sponsor to remit balance due by said date shall render this agreement invalid.

Cancellation Policy: Any exhibitor, sponsor, or other participant who cancels all or part of purchased exhibit space or sponsorship 30 days prior to the Summit shall receive a full refund, less a \$100 administrative fee. If cancellation in whole or part is made after 30 days prior, the exhibitor / sponsor shall be liable to THI, as liquidated damages, for the unpaid balance of the total value of the exhibit or sponsorship cancelled. Cancellation requests must be submitted in writing to the address below.

Liability and Security:

THI makes no warranty, expressed or implied, that security measures will avert or prevent occurrences, which may result in loss or damage. Each exhibitor must make provisions for the safeguarding of his or her goods, materials, equipment and display at all times. THI will not be liable for loss or damage to the property of vendors or their representatives or employees from theft, fire, accident, or other causes.

Questions? Contact THI at (512) 279-3907 or aconway@texashealthinstitute.org.

Sponsors and Exhibitors are a vital part of the success of the Texas Health IT Summit. If you have any questions or have a unique idea that would make this Summit even more interesting, please share your thoughts with us! We welcome your ideas and want to hear from you. We look forward to working with you and we want to make your time at 2011 Texas Health IT Summit extraordinary!