



**2017 CIHQ Accreditation and Regulatory Summit**  
*The Hits Just Keep on Coming*  
 September 13 – 14, 2017 / Courtyard by Marriott Dallas / Allen  
**EXHIBIT REGISTRATION FORM**

\_\_\_\_\_  
 Name of Company (please list exactly as you wish it to appear on the program) Website Address

\_\_\_\_\_  
 Address City State Zip

\_\_\_\_\_  
 Name of Contact Person (Last, First) <- Please print Title

\_\_\_\_\_  
 Phone Fax E-Mail Address

**Exhibit Package Requested** (check one: see exhibit package description for details)

- CIHQ Partner = \$750.00       Non-Partner Package = \$1,500.00

**Additional Booth Services**

Please contact the Courtyard by Marriott Dallas / Allen directly for additional services:

We understand that all space must be paid for in full by **August 1, 2017**. If assigned space is not paid in full by the specified date, it may be assigned to another exhibitor at the option of CIHQ.  
 We agree to abide by the terms and conditions, which are made part of this agreement. This is not a binding agreement until accepted by CIHQ.

\_\_\_\_\_  
 Signature of Contact Person Date

**TOTAL AMOUNT DUE:** \_\_\_\_\_ Payment must be received in full by 8/1/17

- If paying by check, make payable to: Center for Improvement in Healthcare Quality
- Credit Card (add 3.5% processing fee)  
 Type: \_\_\_\_\_ Visa      \_\_\_\_\_ MasterCard      \_\_\_\_\_ American Express

Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Card Security Code: \_\_\_\_\_  
3 digit number on back of card / 4 digit on front for AMEX

Address if Different than Above: \_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
 Signature Date

**Mail To:**  
 Center for Improvement in Healthcare Quality  
 P.O. Box 3620  
 Round Rock, TX 75070

**Fax To:**  
 (805) 934-8588  
 Fax is to a secure location

**Register by Phone Toll Free (9AM – 5PM PT)**  
 (866) 324-5080

Please submit – in 50 words or less – a brief description of your company and the services you provide for inclusion into the conference program. Please include this description with your registration and submit in Microsoft Word format.