



2019 CIHQ Accreditation and Regulatory Summit
The Basics & Beyond
 September 25 – 26, 2019 / 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, 2019**. 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 8/1/19

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
 McKinney, 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.