



EXHIBITOR REGISTRATION FORM

Exhibitor Information

Company Name	
Address	
City, State/Province, Zip/Postal	
Company Website (mandatory)	
Booth Coordinator/Contact Person	
Title	
Phone	Fax
Email (mandatory)	
Email (mandatory)	

PLEASE NOTE: Registration forms that do not include an **email address** or **company website** will not be processed.

Product Category Please select on	e:						
■ Billing, Coding and/or	Hospital/Health	System	Pharmaceu	■ Pharmaceutical/Biotechnology			
Documentation	Hospitalist Mana	gement	Professiona	Professional Society/Association			
Consulting	Company		Recruiting/	Staffing Company			
Device	■ IT/Business Solut		Scribe Serv	ices			
Diagnostics	Media/Publication	on(s)	Other:				
Education	Nonprofit						
Main Objective Select your primary	objective at SHM Conver	ge:					
Advertisement and/or	Product promoti		Recruitmen	t			
public relations	Product sales		Other:				
Business-to-business networking	Public education						
Lead generation							
Exhibitor Engagement Exper prior to making your selection.							
Non-Profit Engagement Experience:			gement Experience				
Primary Engagement Experience: \$3,		Elite Engagen	nent Experience: \$2	0,000.00			
Professional Engagement Experience							
*Companies looking to secure discounted nonprodocumentation not be submitted within 10 busing the remaining balance due.							
Contract Agreement & Payme	ent						
We/I agree to abide by all requireme Contract, Rules and Regulations and agreement once accepted.							
We/l agree to pay \$, 100%	of the charge for the	exhibit space as a	part of this regist	ration and contract.			
Contract Authorized Signature							
Title			Date				
■ Check enclosed ○	Charge to the fo	ollowing: VIS	Master Card	AMIERICAN EXPRESS			
Cardholder's Name			CVV#				
Credit Card Number			Expiration Date	M M Y Y			
Total Charged \$	Cardholder's Sig	nature					
This form is to be used solely in the ev	ent that your compan	y cannot register	using the online fo	orm.			

Society of Hospital Medicine, Exhibits P.O. Box 822898, Dept. 200E Philadelphia, PA 19182-2898

Please direct any questions, comments or payments to:



bizdev@hospitalmedicine.org







Virtual	Exhibitor	Engagement	Packages
		9 9	

	Non-Profit Engagement Experience	Primary Engagement Experience	Professional Engagement Experience	Premier Engagement Experience	Elite Engagement Experience
	\$2,400.00	\$3,630.00	\$7,400.00	\$16,800.00	\$20,000.00
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EXHIBITOR LISTING OFF ORTOINTIES							
Logo Placement on Attendee-Facing SHM Converge Homepage (must go to company homepage)				Ø			
Logo Placement on Attendee-Facing SHM Converge Webpage		Ø		Ø			
Logo Placement in Virtual Show Daily		Ø		Ø			
Company name listed on Exhibitor listing within Virtual Platform		Ø		Ø	Ø		
Virtual Recognition as SHM Converge Champion				Listed as SHM Converge Premier Champion	Listed as SHM Converge Elite Champion		
IPP Rewards Status (if applicable)		Ø		Ø			
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EXHIBITOR PLATFORM OPPORTUNITIES

Company-Provided "Thank You" Video featured on "Hospitalists Healing Humanity" Page/Video Wall (*add-on available for \$500.00)				Ø	Ø	
Ability to Update Exhibitor Details (Name, Location, Main Webpage URL, Social Media Links)	Ø	Ø	Ø	Ø	Ø	
Company Description Included	250 characters	500 characters	750 characters	1,500 characters	2,000 characters	
Product Category Tags	Limit 1	Limit 1	Limit 1	Limit 2	Limit 2	
Exhibitor Created Collateral uploads to site	Limit 2	Limit 3	Limit 4	Limit 6	Limit 9	
Logins for Virtual Personnel Staff	Limit 2	Limit 2	Limit 2	Limit 3	Limit 3	
All-Access Conference Registrations (valued at \$325.00)	Limit 1	Limit 1	Limit 1	Limit 2	Limit 3	

EXHIBITOR ENGAGEMENET & INTERACTION OPPORTUNITIES

Exhibitor Public Chat	Ø	Ø	Ø	Ø
Private Chat with Registered Booth Personnel	Ø	Ø	Ø	
"Chat Now" access during dedicated show hours to allow for pre-scheduling meetings	Ø	Ø	Ø	Ø
Call-out as an Exhibitor Hosting a Giveaway (if applicable)	Ø	Ø	Ø	
Inclusion in Exhibitor Trivia (*add-on available for \$300.00)			Ø	Ø
Access to Product Showcase offerings within Platform	Ø	Ø	Ø	
Clickable Logo Placement on SHM Converge "Thank You, SHM Converge Sponsors and Exhibitors" Page	Ø	Ø	Ø	Ø

EXHIBITOR PROMOTION OPPORTUNITIES

Clickable Logo Placement on SHM Converge Attendee-Facing Page or Resources Post-Meeting (30 days post-show)	Ø	Ø	Ø	Ø	Ø
Exhibitor Listing in Daily Reminder to Attendees/Reminder to Visit the Hall (with clickable access to your company homepage)	Ø	Ø	Ø	Ø	Ø
Upon request, Pre-Show & Post-Show Mailing Roster (Physical Addresses)	Ø	Ø	Ø	Ø	Ø
Ability to List Nearest Upcoming Conference of Interest for Exhibiting Company in Post-show mailer (all mailers must be SHM approved)				Ø	Ø

EXHIBITOR LEAD RETRIEVAL OPPORTUNITIES

Post-Event Booth Lead Reporting			Ø
"Thank You" Page Click Rate (30 days post-show)		Ø	Ø