

# Registration Form

## SPONSORSHIP AND EXHIBIT BOOTH REGISTRATION FORM

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

Representative \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address 1 \_\_\_\_\_ Email address 2 \_\_\_\_\_

Level of Sponsorship:  **Platinum** (\$10,000.00)  **Gold** (\$5,000.00)  **Silver** (\$2,500.00)  **Exhibitor Booth Only** (\$950.00)

### Please Indicate preference of Booth Location

**First Choice #** \_\_\_\_\_ **Second Choice #** \_\_\_\_\_ **Third Choice #** \_\_\_\_\_

(see floor plan for desired booth number. Spaces will be assigned as available on a first come, first served basis)

Signature of Responsible Party \_\_\_\_\_

Title \_\_\_\_\_

In order to insure your level of participation, 50% payment must be received no later than February 15th, 2007 with the balance not later than April 1, 2007.

**Please mail registration and make check payable to Tennessee Association of Health Underwriters  
6216 Highland Place Way, Suite 102 , Knoxville, TN 37919  
or FAX Registration to 865-251-5143.**