



# SUPPLIER COMPANY REGISTRATION CONTRACT

2012 Public Policy Conference and Business Exposition  
March 4 - 6, 2012 - Marriott Wardman Park Hotel - Washington, D.C.

**Agreement:** We agree that this Contract (one company per contract) is expressly subject to attendance at the FAH Public Policy Conference and Business Exposition, March 4-6, 2012. In order to participate in the Public Policy Conference and Business Exposition, each supplier company must register by completing this Supplier Company Registration Contract. Individual registration forms for contracted supplier company representatives must also be completed for badge purposes and can be accepted after receipt of the Supplier Company Registration Contract with payment.

We understand the rate for a Supplier Company Registration is:

\_\_\_\_\_ Member Company - \$3,900.00 (includes complimentary registration for 4 company representatives)  
Registration fee for each additional company representative: \$725.00

\_\_\_\_\_ Non-Member Company - \$3,900.00 (includes complimentary registration for 3 company representatives)  
Registration fee for each additional company representative: \$800.00

\_\_\_\_\_ Has your company previously participated in the FAH Annual Public Policy Conference and Business Exposition?

Please complete the following information for the 2012 "Supplier Directory" that will be distributed to all attendees at the Conference. Please sign and return via email to Bonnie Moneyppenny, FAH Senior Vice President, Administrative Services (bmoneyppenny@fah.org) or fax the form to 501.663.4903. If you have questions, please contact Bonnie Moneyppenny at 501.661.9555.

### Company Registration Information:

Company \_\_\_\_\_

Address \_\_\_\_\_

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

Phone(\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

E-mail (*required*): \_\_\_\_\_ Web-Site: \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_

Contact Person (if different from above) \_\_\_\_\_ Phone \_\_\_\_\_

### Supplier Directory Information:

This information will be published in the "Supplier Directory" if received by January 16, 2012.

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

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

Phone(\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

E-mail (*required*): \_\_\_\_\_ Web-Site: \_\_\_\_\_

Company Description (25 - 50 words) \_\_\_\_\_

\_\_\_\_\_

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

### Payment Information:

Full payment must accompany Supplier Company Registration Contract.

Send payment to: **Federation of American Hospitals**  
**650 South Shackelford Rd., Suite 400, Little Rock, AR 72211**  
**501.661.9555 phone 501.663.4903 fax**

American Express     MasterCard     VISA

Credit Card # \_\_\_\_\_ Security Code \_\_\_\_\_ Expiration \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Cancellation/Refunds:** Supplier Company Registration Contract cancellations must be made in writing to Bonnie Moneyppenny. Cancellations received prior to January 16, 2012 will have a \$300.00 administrative fee deducted from refund. (No Supplier Contract refunds after January 16, 2012.)



# FAH Public Policy Conference and Business Exposition

March 4-6, 2012

**Registration Deadline  
February 17, 2012**

1

## REGISTRATION FORM

### 1. REGISTRATION TYPE *(required)*:

Questions? Contact Bonnie Money Penny at 501.661.9555 or e-mail [bmoneypenny@fah.org](mailto:bmoneypenny@fah.org)

**Supplier Company Representative**

(Your company must have a Supplier Company Contract in order for a company representative to register and attend the FAH Conference and Business Exposition.)

**Non-Supplier Attendee**

(Including representatives of hospitals, hospital management companies, GPOs, IDNs and the VA)

### 2. REGISTRATION INFORMATION *(Please type or print)*

Are you a First Time Attendee?  Yes  No

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

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

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

E-mail *(required)* \_\_\_\_\_

Spouse/Guest Name \_\_\_\_\_

Special Services:  Please check here if you require special accommodations to fully participate. Attach a written description of your needs.

Emergency Contact *(required)* \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

### 3. ORGANIZATION TYPE

*(Check one only.)*

- Manufacturer
- Distributor
- Manufacturer / Distributor
- Multi-Hospital System
- Hospital
- GPO
- IDN
- VA
- Association
- Other \_\_\_\_\_

### 4. EVENT REGISTRATION *(included in Conference registration fee)*

**EDUCATIONAL SESSIONS:** (Register for sessions you will attend)

- A** Sunday, March 4  
National Accounts Seminar 3:15 pm - 5:15 pm
- B** Monday, March 5 *(Check one only.)*  
Capital Equipment Workshop 1:30 pm - 3:30 pm
- C** Pharmaceutical Workshop 1:30 pm - 3:30 pm
- D** Tuesday, March 6  
Supply Chain Forum Workshop 1:30 pm - 3:30 pm

**EVENTS:** (Register for events you will attend)

- E** Tuesday, March 6  
Attendee Luncheon 11:30 am - 1:00 pm
- F** Chairmen's Dinner 6:00 pm - 8:30 pm

### 6. PAYMENT PROCESSING

Mail, Fax or E-mail completed form with full payment:

MAIL: FAH, 650 South Shackleford Rd., Suite 400, Little Rock, AR 72211

FAX: 501.663.4903

E-MAIL: [mdurham@fah.org](mailto:mdurham@fah.org)

QUESTIONS: 501.661.9555

CHARGE MY CREDIT CARD:  American Express  MasterCard  VISA

Credit Card Number \_\_\_\_\_ Security Code \_\_\_\_\_ Expiration \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Billing Address *(required)* \_\_\_\_\_

Signature *(required)* \_\_\_\_\_

### 5. CONFERENCE REGISTRATION

Sunday, March 4 - Tuesday, March 6

**Reminder:** Supplier companies must complete the Contracted Supplier Company Registration Contract in order for a company representative to register and attend the FAH Conference and Business Exposition.

FAH Conference and Exposition	Amount
<input type="checkbox"/> FAH Member	\$ 725 _____
<input type="checkbox"/> Non-Member	\$ 800 _____
<input type="checkbox"/> Spouse/Guest (Conference Only)	\$ 450 _____
<b>Total</b>	_____

**Cancellation / Refund Policy:**

- NO refunds of Supplier Company Registration Contracts after **January 16, 2012**
- Cancellations / requests for refunds must be made in writing and provided to Melody Durham, FAH Registrar
- 100% refund if the individual request is received by **February 10, 2012**
- 75% individual refund **February 11 through February 17, 2012**
- NO refunds of individual registration fees after **February 17, 2012**
- Substitutions and/or replacements accepted through **February 17, 2012**
- Attendees must register on-site after **February 17, 2012**

### 7. ATTENDEE WAIVER *(Please read and sign.)*

As an attendee of the Federation of American Hospitals' Public Policy Conference ("Conference"), I hereby give my permission to the Federation of American Hospitals to photograph, videotape, and/or record me during my participation in the Conference and its various meetings and forums. This grant of permission is general in nature and is intended to cover any photography, videotaping, and/or recording in public places during Conference events. I acknowledge that the Federation of American Hospitals seeks this same authorization from all Conference attendees related to their general participation. I agree and acknowledge that I am undertaking such participation in FAH activities as my own free and intentional act, and I am fully aware that possible physical injury might occur to me as a result of my participation in these activities. I give this acknowledgement freely and knowingly and that I am, as a result, able to participate in the FAH activities, and I do hereby assume responsibility for my own well being. I also agree not to allow any other individual to participate in my place.

Signature *(required)* \_\_\_\_\_ Date \_\_\_\_\_

Spouse/Guest Signature *(required)* \_\_\_\_\_ Date \_\_\_\_\_