

shm.
C NVERGE
APRIL 12-15 | 2024 | SAN DIEGO, CALIFORNIA

ONSITE SALES REQUEST FORM

Exhibiting Company Name: _____

Secured Booth Number: _____

Exhibiting Company Official Website: _____

Web link to information on product/service being offered for sale: _____

Product Category: (please select one)

Billing, Coding, and/or Documentation

Hospital/Health System

Pharmaceutical/Biotechnology

Consulting

Hospital Management Company

Professional Society/Association

Device

IT/Business Solutions

Recruitment/Professional Staffing

Diagnostics

Media/Publication(s)

Scribe Services

Education

Non-Profit

Other: _____

Item(s) you wish to sell onsite (including advertised onsite price):

Product Description(s): _____

Relevance of proposed sale of product(s) or service(s) to meeting attendees:

By providing my name and signature below, I verify that I understand and agree to all Terms and Conditions stated on this form and within the Partner Resources and Partner Hub for SHM Converge 2024.

Name of Exhibitor Contact: _____

Signature of Exhibitor Contact: _____

Date: _____

Please allow up to 7 business days for review of this request to be completed and a response (approval or declination) to be provided from SHM. Completed forms should be emailed to bizdev@hospitalmedicine.org.

