



# shm CONVERGE



APRIL

22-25 | 2025



LAS VEGAS,  
NEVADA



## EXHIBITOR REGISTRATION FORM

### Exhibitor Information

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

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

**\*If a Third Party is representing the above-named Exhibitor, please complete:**

Representing Company Name & Full Address	Contact Person & Title
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### Product Category (please select one)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Billing, Coding, and/or Documentation | <input type="checkbox"/> Hospital/Health System      | <input type="checkbox"/> Pharmaceutical/Biotechnology      |
| <input type="checkbox"/> Consulting                            | <input type="checkbox"/> Hospital Management Company | <input type="checkbox"/> Professional Society/Association  |
| <input type="checkbox"/> Device                                | <input type="checkbox"/> IT/Business Solutions       | <input type="checkbox"/> Recruitment/Professional Staffing |
| <input type="checkbox"/> Diagnostics                           | <input type="checkbox"/> Media/Publication(s)        | <input type="checkbox"/> Scribe Services                   |
| <input type="checkbox"/> Education                             | <input type="checkbox"/> Non-Profit                  | <input type="checkbox"/> Other: _____                      |

## Main Objective (Select your primary objective at SHM Converge)

- Advertisement and/or public relations
- Business-to-business networking
- Lead generation
- Product promotion
- Product sales
- Public education
- Recruitment
- Other: \_\_\_\_\_

## Booth Location

SHM requests that you indicate 4 preferred locations when completing this version of the form. [View Floor Plan](#)

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

## Booth Price

- 10x10 inside booth: \$3,550
- 10x10 corner booth\*: \$3,750
- 10x20 booth: \$7,300
- Premium booth pricing\*\*:
  - 10x10 inside booth: \$4,100
  - 10x10 corner booth: \$4,300
  - 10x20 booth: \$7,825
- Premium Island booths:
  - 20x20: \$17,500
  - 20x30: \$27,000
- Island booths:
  - 20x20: \$16,800
  - 30x30: \$41,400

\*Corner booth assignment is based on availability and not guaranteed.

\*\*Premium booths are located in Premium Promenade and Converge Square on the Floor Plan.

## Contract Agreement & Payment

We/I agree to abide by all requirements, restrictions, cancellation policies, and obligations noted in the [Partner Terms and Conditions](#) and all applicable legal requirements. This registration form becomes a binding agreement once accepted. Once your application has been processed you will receive an email confirmation and invoice from Map Your Show.

We/I agree to pay 100% of the charge for the exhibit space as a part of this registration and contract.

Contract Authorizer Name	Contract Authorizer Signature
Title & Company	Date

## Payment


- Check Enclosed**  
(payable to Society of Hospital Medicine). Please remit payment in U.S. Funds drawn on U.S. bank.  
**All payments must be received and paid in full prior to being provided access to service kits, entry into the engagement arena, etc.**

- Charge credit card**  
**Please note, all credit card transactions will be subject to an additional 3.5% service fee.**  
All requested credit card payments will receive an invoice and/or be contacted to provide payment details via phone.

Total Charged	\$							00
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**This form is to be used solely in the event that your company cannot register using the online form.**

**Please direct any questions, comments, or payments to:**

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

 [bizdev@hospitalmedicine.org](mailto:bizdev@hospitalmedicine.org)

 800-843-3360

 267-535-2911