



California Society for Healthcare Engineering, Inc.

1215 K Street, Suite 800

Sacramento, CA 95814

Phone: (916) 552-7639

FAX: (916) 552-7617

CSHE Website: www.cshe.org

Dear Potential Exhibitor:

On behalf of the CSHE Northern CA Seminar Planning Committee, please plan to exhibit at the Northern CA Third Annual Seminar. The event will be held at the Crowne Plaza Hotel, 45 John Glen Drive, Concord, CA 94520, (877) 276-4600 on Thursday, October 29, 2009 from 8:00 a.m. until 3:30 p.m. The committee has secured the executive Buchanan Fields nine-hole golf course from 3:45 to 5:45 for a casual networking opportunity.

Space is limited; respond early to take advantage of this unique and exclusive opportunity to present your products and services to Northern California healthcare engineers. This seminar provides exclusive face-to-face contact with chapter members from Stockton, Sacramento, Santa Rosa, San Francisco and San Jose, who will gather to hear from healthcare experts and meet with providers of goods and services.

If cancellation is necessary, please email Teri Frost, CSHE Database Administrator, tfrost@calhospital.org prior to October 8, 2009. A \$40 non-refundable processing fee will be charged.

The exhibitor times for the day will be as follows:

Time	Schedule
7:00 – 8:00 am.	Exhibit Set-up
8:00 – 9:00 a.m.	Registration, Continental Breakfast and Exhibitor Session
11:00 – 12:30 p.m.	Exhibitor Show
12:30 – 1:30 p.m.	Lunch in Exhibit Area and raffles
1:30 – 3:30 p.m.	End of Exhibit Show – Dismantle
3:45 – 5:45 p.m.	9-hole Executive Golf Tournament, refreshments

This year we encourage you to sponsor a facility engineer for the education sessions, and invite them to join you for nine holes of golf.

Sign up now, please complete the attached registration form and return **TODAY!**

If you have questions, please contact me at (916) 552-7639 or email: jjones@calhospital.org.

Sincerely,

Joyce Jones
CSHE Program Manager

Exhibitor Registration Form
Sponsorship Opportunities



CSHE Northern CA Mid-Year Seminar

Thursday, October 29, 2009
Crowne Plaza Hotel
45 John Glen Drive
Concord, CA 94520
(877) 276-4600

Exhibiting provides your organization
with a high degree of visibility with leading healthcare engineers.

EXHIBIT

Thursday, October 29, 2009
8:00 a.m. - 1:30 p.m.

Six-foot draped table with chairs
Continental breakfast
Two lunches
Educational binder

Exhibitor fee **\$400**

() Raffle Prize

- Exhibit hall table location will be determined by the date exhibitor fee is received.
- No refunds for cancellation after October 8, 2009.
- Confirmation email letter with set-up information will be sent to the key contact after registration form and payment have been received.

Exhibitor Registration Form

Organization Name	Key Contact
Address	Contact Telephone and Fax
City, State, Zip	Contact Email

Names of all attending representatives:

The costs for two representatives are **included** in the exhibitor booth space fee.
Two additional representatives per booth may attend at the rate of \$80. per person

Key Representative #1:	Name and Title	Address, City, State, Zip/Email Address
Second Representative #2:	Name and Title	Address, City, State, Zip /Email Address
Third Representative (\$75):	Name and Title	Address, City, State, Zip/Email Address
Fourth Representative (\$75):	Name and Title	Address, City, State, Zip/Email Address

Product to be displayed: _____

Payment:

Make checks payable to "CSHE," or provide Visa or MasterCard information.

Registration fees:

Exhibitor fee	\$400
Additional representatives	
_____ # X \$80. =	\$ _____
Facility Seminar Sponsorship (\$95)	\$ _____
Golf Tournament # _____ x (\$20)	\$ _____
Gold Hole Sponsor (\$100)	\$ _____
Silver Hole Sponsor (\$ 50)	\$ _____
Facility Member's Name	_____
Total enclosed:	\$ _____
<input type="checkbox"/> Visa	# _____
<input type="checkbox"/> MasterCard	# _____

Expiration Date: _____

Zip code for billing address _____

Three digit security-back of card _____

Signature _____

Send completed registration form via fax or email:
Fax: 916-552-7617 **Email:** jjones@calhospital.org
Mail: California Society for Healthcare Engineering, Inc. (CSHE)
 1215 K Street, Suite 800
 Sacramento, CA 95814
Questions? Joyce Jones
 Direct Line: (916) 552-7639

CSHE Northern CA Mid-Year Golf Tournament

Join us on the 9-hole executive golf course

When: Thursday, October 29, 2009
Buchanan Fields 9-Hole Executive Golf Course
1091 Concord Avenue
Concord, CA 94520
(925) 682-1846

Cost: \$20 per person
Mulligan—one per person

Registration: 3:45 p.m.
Shotgun Start: 4:00 p.m.

Hole sponsorships are available!
Sponsors will receive tee-recognition signs!
Facility sponsoring encouraged!

Register today!

Registration Form

Number of players: # _____ @ \$ 20 = \$ _____

Gold Hole sponsorship: # _____ @ \$100 = \$ _____

Silver Hole Sponsorship: # _____ @ \$ 50 = \$ _____

Total enclosed: \$ _____

Player

#1 Name _____ Organization: _____

Player

#2 Name _____ Organization: _____

Player

#3 Name _____ Organization: _____

Player

#4 Name _____ Organization: _____

Contact name: _____ Organization: _____

Address, zip: _____

Email address: _____ Telephone: _____

Make checks payable to: CSHE.

Send check and this registration form to:

CSHE

1215 K Street, Suite 800

Sacramento, CA. 95814

Phone: (916) 552-7639

FAX: (916) 552-7617

CSHE Northern CA Mid-Year Seminar Sponsorship Opportunities

Crowne Plaza Hotel - Concord

October 29, 2009

Date	Seminar Sponsorship Opportunity	\$\$	Vendor Sponsoring
Thurs, October 29, 2009	Continental Breakfast	\$1,000	
Thurs, October 29, 2009	Morning Break	\$500	
Thurs, October 29, 2009	Lunch with the Exhibitors	\$1,000	
Thurs, October 29, 2009	Lunch with the Exhibitors	\$1,000	
Thurs, October 29, 2009	Afternoon Cookie/Soda Break	\$300	
Thurs, October 29, 2009	Afternoon Cookie/Soda Break	\$300	
Thurs, October 29, 2009	Sponsorship for facility engineer	\$95	
Thurs, October 29, 2009	Raffle Prizes		All welcome
Thurs, October 29, 2009	Advertisement on binder cover	\$300	
Thurs, October 29, 2009	Educational Binders	\$200	
Thurs, October 29, 2009	Printing for educational materials	\$200	
	Signage	\$100	
	Pens given at registration		
	Note Pads given at registration		
	Other? <i>(Please Fill In)</i>		

Name _____

Title _____

Company _____

Phone _____

Email _____