



VIRGINIA HOSPITAL
& HEALTHCARE
ASSOCIATION

An alliance of hospitals and health delivery systems

Spring Conference
April 9-11, 2014
Williamsburg Lodge, Williamsburg

Exhibit Needs

I will exhibit Yes No (skip to bottom of page)

My exhibit is Tabletop Freestanding (cannot exceed 8x8x8)

of Chairs Needed _____

I will need an outlet Yes No (additional fees apply)

I will need Internet Yes No (additional fees apply)

I plan to set up my exhibit on _____(day) at _____(time).

I plan to tear down my exhibit on _____(day) at _____(time).

Any additional requests:

I understand that I am responsible for any expenses associated with my exhibit.

Name of Contact: _____

Name of Firm: _____

Please complete this form and return to Sheila at sgray@vhha.com or fax to (804) 965-0475 no later than March 25.

Thanks!