



27th Annual Consumer Conference
September 20-23, 2010
Best Western Ramkota Hotel
3200 West Maple Street
Sioux Falls, South Dakota 57107

ANNUAL CONSUMER CONFERENCE EXHIBITOR APPLICATION

Thank you for your interest in exhibiting at the 27th Annual Consumer Conference “*Tribal-State Relations and American Indian/Alaska Native Health Care*”. This event will feature engaging speakers from Indian Country, the Centers for Medicare and Medicaid Services, the Substance Abuse and Mental Health Services Administration, a culture night celebration, and more. As this event is a key opportunity to connect with American Indian/Alaska Native health professionals, we hope that your organization will join us and participate in the discussion on the health of the Native population.

The exhibitor space for the Annual Consumer Conference is limited by category. **Applications are due no later than August 27, 2010** and the Conference Planning Committee will notify applicants, if accepted, by September 3, 2010. Payment for exhibitor registration will be due no later than September 10, 2010.

Please complete one registration form per participant. Check the appropriate box for your registration type and return form with your payment (check or credit card). **DO NOT SEND CASH OR FAX COPIES OF CHECKS.** The fax number is 202-507-4071. NIHB does not invoice and Purchase Orders will not be accepted in lieu of payment.

Conference Registration Rates	
Individual and Presenter	\$400.00

Exhibitor Registration Rates	
Corporate/For Profit Exhibitors	\$2,000.00
Tribal Business/Entrepreneur	\$1,200.00
Non-Profit/Educational Institution	\$1,000.00
Tribal/Government	\$750.00
Arts & Crafts	\$500.00

Individual and Presenter Registration Fees: include one conference packet and admittance per person to all conference activities, including the Welcome Reception, local host activities, and other special events as listed. The individual cost is ONLY for those that wish to attend the conference. Please register online at www.nihb.org.

Exhibitor Fees include: one conference packet, 6' table, two chairs, and a trashcan. All utilities, package shipping and handling charges must be negotiated with the host hotel and paid for by each individual exhibitor. All exhibitors are expressly limited to the designated exhibitor space of 10' x 8', if additional space is needed a second exhibitor space must be purchased. *Exhibitors wishing to attend the conference sessions and activities must also purchase individual registrations for each attendee.*

Cancellation Policy (applicable to conference registration and exhibitors): All cancellation requests must be in writing and postmarked on or before September 10, 2010, at which time a refund will be granted, less a \$100 processing fee. Cancellation notices postmarked after September 10, 2010 will not be refunded. No Exceptions. Substitutions are allowed. NIHB reserves the right to make final decisions related to cancellations.

_____ Please initial here, acknowledging you have read and understand the cancellation policy

Please complete the application form on the reverse side

Please Check the Appropriate Box for Your Registration Type :		\$
<input type="checkbox"/> Individual / Presenter		
<input type="checkbox"/> Corporate/For Profit <input type="checkbox"/> Tribal/Government <input type="checkbox"/> Non-Profit/Educational Institution <input type="checkbox"/> Arts & Crafts <input type="checkbox"/> Tribal Business/Entrepreneur		\$
Total Cost*		\$
Participant/Exhibitor Name: *	Email address: *	
Tribe/Organization/Company: *		
Address: *		
City: *	State: *	Zip Code: *
Telephone: *	Fax:	

**All Fields Required for Processing. Email Address is required for notification.*

REGISTRATION FORMS WITH PURCHASE ORDERS WILL NOT BE PROCESSED

**Thank you for your interest in exhibiting at the
 27th Annual National Indian Health Board Public Annual Consumer Conference.
 A member of the Conference Planning Committee will notify accepted applicants no
 later than September 3, 2010.**

Please mail or fax applications to Phillip Roulain:

proulain@nihb.org

Fax: (202) 507-4071

926 Pennsylvania Ave SE

Washington, DC 20003



926 Pennsylvania Avenue, SE | Washington, DC 20003 | 202-507-4070 | 202-507-4071 fax | www.nihb.org

The Red Feather of Hope and Healing