

Helping medical practices develop through innovation.

PRODUCTIVITY • PROFITABILITY • EFFICIENCY



Featured on the
TMGMA website www.tmgma.com

Through the Healthcare IT Summit, healthcare and technology professionals have an opportunity to learn valuable information that can create a WIN WIN OPPORTUNITY.

Understanding technology will enhance the usefulness and establish more of a long-term relationship with the provider. Through this venue, we are able to connect all the pieces and players and allow more interaction with potential buyers and users.



Where else can you find an opportunity to showcase your business directly to the decision maker? Give the user a chance to ask you questions that normally go unanswered by other companies. By having a presence at the Healthcare IT Summit, you set yourself apart from your competition or make sure your voice is heard along side your competition.



Event Sponsors

Integrated
SOLUTIONS

East Tennessee Medical News

Panasonic Scanners

This ONE DAY event will channel all energy to establishing contacts and making future appointments and demonstrations. Create excitement by providing hands-on use of your product or showcase current satisfied clients.

Reserve Your
booth today at
healthcareitpartners.com

For questions, contact Rosemary Hinton
at (865) 659-9413 or email at
rhinton@healthcareitpartners.com

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This event will be held at The Knoxville Convention Center in a full day of networking and IT education.

NOVEMBER 13TH, 2008

Platinum Sponsor: \$5000 (1 position available)

- Premier Signage at event
- Website presence with link to company's website
- Logo on all email blasts and printed material
- Double booth space or (2) separate booths
- Logo in advertising placed in East TN Medical News (2 months)
- Name on front of binder for attendees
- Event bag sponsor
- Introductory comments at event opening

Gold Sponsor: \$2000 (2 positions available)

- Limited Signage at event
- Website presence with link to company's website
- Logo on all email blasts and printed material
- Single booth space
- Name on back of binder for attendees
- Break Sponsor Recognition
- Company Information Added To Attendee Packets

Silver Sponsor: \$1000 (4 positions available)

- Limited Signage at event
- Website presence with link to company's website
- Logo in all email blasts and printed material
- Single booth space



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Rosemary Hinton (865) 659-9413
rhinton@healthcareitpartners.com



EXHIBITOR CONTRACT/APPLICATION

NOVEMBER 13TH, 2008
Knoxville Convention Center

Featured on the TMGMA website www.tmgma.com

Please complete:

Name of Company: _____
Contact Name (person to whom all correspondence will be sent): _____
Mailing Address: _____
City, State, Zip: _____
Phone: (_____) _____ - _____ Fax: (_____) _____ - _____
Email: _____

Representative #1 (for onsite badge): _____
Representative #1 Email address: _____
Representative #2 (for onsite badge): _____
Representative #2 Email address: _____

Authorization Signature Date

FEES: Exhibit registration is \$495. This includes an 8' x 10' booth, skirted tabletop, 2 chairs, waste basket, admission to all meals and the special event for two representatives. Additional representatives will be \$150 each. Service order forms for additional booth requirements (i.e. phone connection, additional extension cords, etc.) will be sent to you upon receipt of your registration.

EXHIBIT BOOTH ASSIGNMENTS: Booths will be assigned on a first-come, first-served basis. Priority will be given to event/program sponsors.

EXHIBIT SETUP AND HOURS: Exhibitor registration and set-up will be on Thursday, Nov 13, 2008 beginning at 6:00am. The conference will begin at 9:00am and the exhibit hall open at 9:00am.

Note: Please sign and return this form by **October 15, 2008**.

Make check payable to Healthcare IT Partners, and submit with application to: Healthcare IT Partners, P.O. Box 27413, Knoxville, TN 37927 | (865) 659-9413 | (865) 688-1095 fax rhinton@healthcareitpartners.com

Credit Card payments can be faxed with application to Healthcare IT Partners.

Credit Card Type: (circle one) MasterCard VISA Expiration Date: ____ / ____ CVV # _____

Cardholder Name: _____

3 Digit Code on the back of the card next to the signature line

Card Number: _____

Billing Address: _____

Billing City/ST/Zip: _____ / _____ / _____

Signature

