



**Sign Up To Be an Exhibitor at the
2016 HESNI ANNUAL CONFERENCE
Thursday - Friday, May 5-6, 2016
NIU Conference Center, 1120 East Diehl Road, Naperville, IL**

Each spring, more than 300 visitors attend HESNI's two-day Annual Conference. They not only come to pick up practical information at the seminars offered there — but also to learn about products and services for healthcare facility managers and meet the vendors at the large Expo included in the Conference. **Here is your opportunity to promote your company to HESNI's facility manager members.**

Each successive Conference has seen a growth in the number of exhibitors. There were 75 booths at the 2015 Annual Conference, using nearly all available exhibit booth space. Because of this **exhibitors are encouraged to reserve their booth space early in 2016!** Don't wait too close to the Conference dates, May 5-6, to make your exhibitor arrangements. Sign up is a quick and easy process.

The overwhelming majority of exhibit space is used by HESNI's corporate sponsors — it's included in each sponsorship package and sponsors receive first preference for booth location. However, other companies are also welcome and well-represented at the Conference. Organizations that want to exhibit but do not want to become sponsors may **purchase an exhibit space for \$800.00.**

Exhibit booth spaces are about 8 ft. x 8 ft. and include a 6-ft table, 2 chairs and electricity if needed. Booth space locations are distributed the week before the Conference. Every attempt is made not to locate competitors next to each other. All exhibitors may bring up to three people to staff their exhibit display without any additional registration fee. Exhibitors may attend any of the seminars. Breakfast, lunch and refreshments will be provided both days. A social reception will take place at the conclusion of the first day.

Name of Exhibit Contact: _____ Title: _____
Company: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____

My check is enclosed. Charge my credit card: American Express Visa MasterCard
Name on Card: _____ Credit Card #: _____
Expiration: _____ Signature: _____

Fax completed form with \$800.00 payment information to (708) 310-6053 or email to chapter_office@hesni.org. Mail with check payable to HESNI, P.O. Box 727, Oak Lawn, IL 60454. For questions, call the HESNI office at (708) 636-5819.