

# Successful teamwork drives dreamwork!

## Lets move forward together



Technical Exhibition May 18, 2024

Club Venetian  
29310 John R rd.  
Madison Heights, MI 48071  
248-399-6788

Application and contract for exhibit space; Saturday May 18, 2024

MSHCSP would like to invite you to participate in our 2024 conference, taking place at Club Venetian, Madison Heights, MI. The vendor exhibit is a great economical way to make the most of your exhibitor dollars and gain exposure in the Central Service, Sterile Processing and the Operating Room market. Our show is exclusively limited to the first 30 Vendors that register; early paid registration is highly encouraged.

To secure vendor exhibit space, please complete the attached application or if you have any questions regarding exhibit space, please contact Penny at 616-240-2490 or [penny.jarman@corewellhealth.org](mailto:penny.jarman@corewellhealth.org)

Cost of Exhibit Space is \$300.00 per booth.

Vendor check in and Setup 0700-0915 . Teardown Immediately following lunch.

Exhibit space for this conference will consist of one table 8' x 30", two chairs and one sign with your company name (no pipe & drapes). Lunch will accompany the show and is encouraged to continue your networking.

Payment for vendor exhibit space should be received NO LATER than April 1<sup>st</sup>, 2024.

Make check payable to: **MSHCSP**

**Mail form & fee to:**

**MSHCSP**

P.O. box 20434  
Ferndale MI. 48220

**APPLICATION & CONTRACT FOR EXHIBIT SPACE**

Firm Name:

\_\_\_\_\_  
(Exactly as it is to be listed in acknowledgment. Maximum 40 characters, including spaces. Abbreviations of Inc., Co. & Corp. will be used)

Contact Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

City/State/Zip:

\_\_\_\_\_

Phone & Fax

\_\_\_\_\_

E-Mail Address

\_\_\_\_\_

- Do you Require electrical    yes    no

Space will not be assigned or the contract date stamped until the fee has been received.

**NO VERBAL AGREEMENTS!**

The exhibitor assumes full responsibilities for losses, damages, and claims arising out of injury or damage to exhibit displays, equipment and other property brought upon the premises of the hotel and shall indemnify and hold harmless the hotel and employees and MSHCSP and representatives from any such losses.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please submit completed form and check by mail to:

mshcsp  
P.O. box 20434

Please send all inquiries to: [penny.jarman@corewellhealth.org](mailto:penny.jarman@corewellhealth.org)

Ferndale MI. 48220