



National Society of Certified
Healthcare Business Consultants
"Professionals in the Business of Healthcare"



Photos © Gaylord Opryland Resort & Convention Center

JUNE 20 – 23, 2007
FIRST ANNUAL MEETING
VENDOR PROSPECTUS

GAYLORD OPRYLAND RESORT & CONVENTION CENTER
NASHVILLE, TENNESSEE

Invitation

The National Society of Certified Healthcare Business Consultants*, the premier Society representing the best in the field of business healthcare consulting, is pleased to host its first annual meeting. The conference will be held June 20-23, 2007, in Nashville, Tennessee. If you are a healthcare business vendor, you won't want to miss this important opportunity to meet over 150 healthcare consultants in one setting.

Our annual meeting attracts consultants from all over the nation. Most importantly, you'll meet the key people that doctors rely on to help them successfully run their practice. Collectively, these consultants represent over 6,000 physicians and dentists throughout North America.

Conference participants will be offered the opportunity to visit our EXPO Hall to get a first-hand look at your technology and services. An evening Vendor-Hop is planned on Wednesday, the opening day of the conference. Continental breakfast, lunch and morning/afternoon breaks will be held in the Exhibit Hall on Thursday and Friday.

There are a limited number of booths available so prompt registration is essential. Exhibitors who register early get first choice on booth location. Sponsorship opportunities to further promote your business are also available.

We hope you will join us at our inaugural meeting of the Society and be a part of an exciting event that includes the best that Nashville has to offer.

Please join us and register today!

Doug Driver, CHBC, CFP
Chair, NSCHBC Vendor Committee

**The National Society of Certified Healthcare Business Consultants was founded by the membership of the Institute of Certified Healthcare Business Consultants, the National Association of Healthcare Consultants and the Society of Medical Dental Management Consultants on July 1, 2006.*

Exhibit Booth

Cost is \$1000 per booth space and includes:

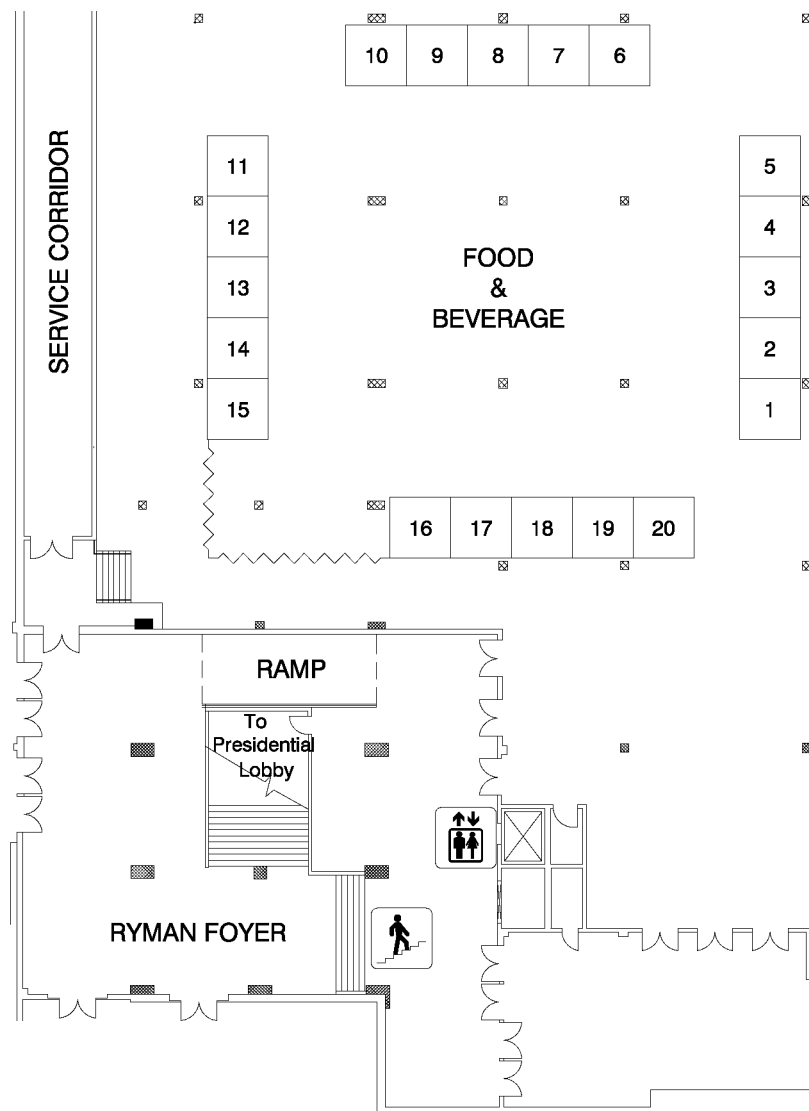
- 10' x 10' booth space with 8' high back drape and 36" high side dividers
- One 6' draped table, two side chairs, wastebasket
- Identification sign
- Security
- One time use of conference attendee mailing list
- One exhibitor registration (Additional registrations are available at a special additional exhibitor rate of \$300.)

Confirmation/Assignment of Booth Space

Confirmation will be sent upon receipt of registration and payment. Booth numbers will not be assigned until 30 days prior to the conference. Highest preference will be given to sponsors and those exhibitors who submit their booth application and payment first.

Booth Arrangement

subject to change



Sponsorship Opportunities

Please consider the various event sponsorship opportunities available at the NSCHBC 2007 Annual Meeting:

- EXPO Opening Reception
- Thursday Breakfast
- Thursday Lunch
- Friday Breakfast
- Friday Lunch
- Friday Evening Banquet
- Breaks and more!

Sponsorships of \$5,000 or more include a complimentary booth and ten minutes to address the membership.

Hotel Information

Gaylord Opryland Resort & Convention Center

2800 Opryland Drive
Nashville, TN 37214
Phone: 615-889-1000
www.gaylordhotels.com

Reservations: 1-866-972-6779

Group Name: X-NSCH

Group Rate: \$199 Standard
\$234 Atrium View

Reservation Deadline: May 21, 2007

Resort Fee: \$10 per room per night
This fee includes high speed internet access, housekeeping, phone access charge, access to fitness center, and scheduled complex transportation.

Literature Promotion

A table of "take one" literature will be available for those companies who are unable to exhibit at the annual conference but would like to send information. The cost is \$300.

For More Information

NSCHBC
12100 Sunset Hills Road
Suite 130
Reston, VA 20190
Tel: 703-234-4099
Fax: 703-435-4390
Email: info@nschbc.org
www.nschbc.org



GAYLORD OPRYLAND®

RESORT & CONVENTION CENTER

Nashville

We look forward to seeing you in Nashville. Don't forget to set your watch to Central Time!

Exhibit Schedule

subject to change

Booths are open when indicated by the word EXPO.
Booths must be staffed during this time.

Wednesday, June 20, 2007

4:00 pm – 5:30 pm	Booth Set-up
5:30 pm – 7:00 pm	Reception - EXPO Hall

Thursday, June 21, 2007

7:15 am – 8:00 am	Breakfast - EXPO Hall
9:05 am – 9:30 am	Break - EXPO Hall
12:05 pm – 1:05 pm	Lunch - EXPO Hall
3:55 pm – 4:15 pm	Break - EXPO Hall

Friday, June 22, 2007

7:00 am – 8:00 am	Breakfast - EXPO Hall
10:05 am – 10:30 am	Break - EXPO Hall
12:20 pm – 1:20 pm	Lunch - EXPO Hall
3:10 pm – 3:25 pm	Break - EXPO Hall
3:30 pm – 5:30 pm	Booth Tear Down

Conference attendee's portion of the meeting ends
11:05 am on Saturday, June 23, 2007.

For conference attendee's agenda, please contact
NSCHBC headquarters.



Sponsorship Form

ALL SPONSORS WILL RECEIVE:

- Extensive recognition in the Conference Program
- Extensive recognition during the Opening Session
- Appropriate Signage
- Recognition on the NSCHBC website
- Recognition in *Society News*

SPONSORSHIPS OF \$5,000 OR MORE RECEIVE:

- One complimentary booth space
- Ten minutes to address the membership

Company Name _____
Contact Name _____
Description of Product / Service _____
Website _____
Address _____
City / State / Zip _____
Phone (____) _____
Fax (____) _____
E-mail address _____

Friday Evening Banquet \$ 15,000
 Yes, I want to be a full sponsor
 Co-sponsor: \$5,000 each \$ _____

Thursday Lunch \$ 7,500
 Yes, I want to be a full sponsor
 Co-sponsor: \$3,750 each \$ _____

Friday Lunch \$ 7,500
 Yes, I want to be a full sponsor
 Co-sponsor: \$3,750 each \$ _____

EXPO Opening Reception \$ 5,000
 Yes, I want to be a full sponsor
 Co-sponsor: \$2,500 each \$ _____

Thursday Breakfast \$ 3,000
 Yes, I want to be a full sponsor
 Co-sponsor: \$1,500 each \$ _____

Friday Breakfast \$ 3,000
 Yes, I want to be a full sponsor
 Co-sponsor: \$1,500 each \$ _____

Breaks (4) \$ 3,000
 Yes, I want to be a full sponsor
 Sponsor a coffee break: \$750 each \$ _____

Conference Portfolios \$ 2,500
 Yes, I want to be a full sponsor \$ _____
Includes your logo on the portfolio

Conference Tote Bags \$ 2,500
 Yes, I want to be a full sponsor \$ _____
Includes your logo on the bag

Conference Lanyards \$ 1,000
 Yes, I want to be a full sponsor \$ _____
Includes your logo on the lanyard

Prize Drawing \$ 250
 Yes, I want to be a full sponsor \$ _____
Includes one gift card for prize drawing

Total Amount Sponsored \$ _____

Thank you for your support of the NSCHBC 2007 Annual Meeting!

Method of Payment

- Check American Express
 VISA MasterCard

Please make checks payable to NSCHBC.

Name on Credit Card _____

Card No. _____ Exp. Date _____

Signature (required if using a credit card) _____

by Mail:

NSCHBC
 12100 Sunset Hills Rd.
 Suite 130
 Reston, VA 20190

by Fax:

Fax: 703-435-4390

Questions? Call: 703-234-4099 Email: info@nschbc.org

Exhibitor Form

EXPO Exhibitor Registration

***IMPORTANT:** The information you provide here will be used to make your name badge. Please print clearly and list the information EXACTLY as you want it to appear on your badge.

Company Name	_____
Contact Name	_____
Description of Product / Service	_____
Website	_____
Address	_____
City / State / Zip	_____
Phone (_____)	Fax (_____)
E-mail address	_____
Booth Preferences	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Booth Staff*

1. Same as above Other (if different from above) _____ Nickname for badge _____
2. _____ Nickname for badge _____
3. _____ Nickname for badge _____

**First registration is complimentary; additional exhibitors are \$300.00 each.*

Registration Fees:

Booth \$ 1,000
First Representative \$ N/C
Additional Number of Persons _____ @ \$300 = \$ _____

Registration form must be accompanied by payment.

Total Payment Enclosed: \$ _____ Please send receipt.

Method of Payment

- Check American Express
 VISA MasterCard

Please make checks payable to NSCHBC.

Name on Credit Card _____

Card No. _____ Exp. Date _____

Signature (required if using a credit card) _____

Cancellation Policy:

Fees, less a \$200 cancellation fee, will be refunded if written notice is received by May 14, 2007. Requests for refunds will not be honored after May 14, 2007.

by Mail:

NSCHBC
12100 Sunset Hills Rd.
Suite 130
Reston, VA 20190

by Fax:

Fax: 703-435-4390

Questions? Call: 703-234-4099 Email: info@nschbc.org

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