

SPONSOR AGREEMENT

**2021 SHHRPP Conference at the Best Western Premier, the Central Hotel in Harrisburg
September 9 & 10, 2021**

Firm Name (as it will appear in the Conference Program) _____

Contact Name _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Description of Firm's Services (100 words or less):

- BRONZE \$1,000 (Includes tabletop booth) – select one**
 - Thursday Coffee Break w/Exhibitors
 - Thursday Afternoon Break w/Exhibitors
- SILVER \$1,200 (Includes tabletop booth) – select one**
 - Thursday Continental Breakfast
 - Friday Continental Breakfast
- GOLD \$1,500 (Include tabletop booth) – select one**
 - Awards Luncheon
 - Awards Sponsor
- PLATINUM \$2,000 and above (Includes tabletop booth) – select one**
 - Reception Sponsor
 - Dinner Sponsor

We understand and agree to hold harmless the SHHRPP, their officers, directors, contractors, and agents from any and all claims, demands or liabilities of any kind that we may have against them by reason of any cause arising out of or in any way related to the conference.

X _____
Authorizing Signature

You must return this form

*Check payable to "SHHRPP" no later than:
July 31, 2021 to be included in the Conference Program*

SEND PAYMENT TO:
SHHRPP
Peggy Maxwell
515 Wood Street
Ellwood City, PA 16117
724-584-2094
pmaxwell@zoominternet.net

EXHIBIT SPACE REQUEST FORM

2021 SHHRPP Conference & Exposition - the Best Western Premier,
the Central Hotel in Harrisburg
September 9 & 10, 2021

Firm Name (as it will appear in the Conference Registration Brochure):

Contact Name: _____ Contact Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Description of Services (100 words or less):

Exhibit Space:

Fees		Included in your fee: <ul style="list-style-type: none">◆ Tabletop Exhibit space, table, 2 chairs and sign◆ Conference registration for up to 2 employees◆ Scheduled time to do your prize drawing
Table Top Booth	\$550.00	◆ Invitation to attend the breakfast, lunch, reception & dinner

*Each regular booth is permitted to register two staff persons.

Payment Information:

Check Enclosed – Check No.: _____

Booth Location Preferences (Space Requests Will Not Be Guaranteed Until Payment Is Received)

Locations are available on a first come first serve basis and will be coordinated by the Conference Committee.

We understand and agree to hold harmless the Society of Healthcare Human Resources Professionals, their officers, directors, contractors, and agents from any and all claims, demands or liabilities of any kind that we may have against them by any reason of any cause arising out of or in any way related to the conference.

We assume entire responsibility and hereby agree to protect, indemnify, defend and save the Association, Best Western Premier, and their employees and agents harmless against all claims, losses, and damages to persons or property, governmental charges or fines and attorney fees arising out of or caused by Exhibitor's installation, removal, maintenance, occupancy or use of the exhibition premises or a part thereof, excluding any such liability caused by the sole negligence of Best Western Premier, its employees and agents.

In addition, we acknowledge that the Association and Best Western Premier do not maintain insurance covering Exhibitor's property and that it is the sole responsibility of the Exhibitor to obtain business interruption and property damage insurance covering such losses by Exhibitor.

X _____
Authorizing Signature

**RETURN TO: Peggy Maxwell, SHHRPP,
515 Wood Street, Ellwood City, PA 16117
pmaxwell@zoominternet.net**