



California Association of Health Facilities  
Palm Springs Convention Center  
November 9-12, 2019  
Advance order deadline: October 25, 2019

**PAYMENT POLICY AND BILLING AUTHORIZATION**

**NOTE: ORDERS WITHOUT CREDIT CARD INFORMATION WILL NOT BE PROCESSED.**

Payment must be made in full for all services ordered. **Orders without payment or placed after advance order date will be charged the floor rate.** Payment may be made by check and secured with a credit card for any overages. Checks must be received prior to the "Advance Discount Date" as shown in the upper right hand box. All rates quoted are for the duration of the show and are on a rental basis only, and remain the property of Innovative Expo. **Payment of all labor, material handling and services, whether ordered by the exhibitor, display builder, or other parties, shall be the responsibility of the exhibitor.** All charges are due and payable in US Dollars prior to the close of the show. I understand that charges incurred by my company, (pre-show, during the show, and post show) will be billed to the credit card on file. **Please print clearly or type the information.**

CONTACT THIS OFFICE IF PAYING BY CHECK PRIOR TO THE "ADVANCE" DATE.

\_\_\_\_\_ MasterCard    \_\_\_\_\_ Visa    \_\_\_\_\_ American Express    \_\_\_\_\_ Discover

**Account #** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_ **Name On The Card:** \_\_\_\_\_

(PLEASE PRINT)

**Authorized Signature:** \_\_\_\_\_

***THIS FORM MUST ACCOMPANY ALL ORDERS PLACED WITH INNOVATIVE EXPO.  
PLEASE INDICATE BILLING ADDRESS FOR CREDIT CARD GIVEN ABOVE.***

**EXHIBITING CO:** \_\_\_\_\_ **BOOTH #** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_  
(address where invoices will be mailed to)