



37th Educational Conference and Tradeshow Exhibitor Information

November 12, 2025

Aria Banquets, Prospect, CT

11:00 a.m. to 1:30 p.m.

We are excited to announce that our 37th Educational Conference and Tradeshow will be held on November 12th at the Aria, in Prospect CT. The interest for the event will be extraordinarily high for this combined effort between the Connecticut Chapter of the American College of Health Care Administrators and the Connecticut Association of Health Care Facilities.

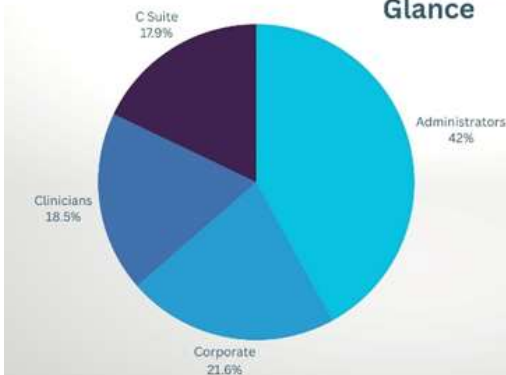
CT Chapter of ACHCA and CAHCF/CCAL values the relationship that we have built with the companies and organizations who support the post-acute care sector. We strive to create lasting relationships with our partners and continue to enhance the many ways in which our partners can develop and sustain strong, supportive relationships with our members.

Partnering with us will enhance your company's brand and credibility within the industry, it provides exclusive opportunities to network and establish new connections within the long term care industry.

Our tradeshow last year had a diverse attendance of decision makers in attendance:



35th Educational
Conference and
Tradeshow Attendees at a
Glance



Attendee Breakdown:

C Suite – 17.9%

Administrators – 42%

Corporate – 21.6%

Clinicians – 18.5%

Please join us on November 12th so that you can:

Educate – Take advantage of dedicated expo hours to educate and engage with attendees.

Influence – Leverage the purchasing power of our convention attendees when it comes to day-to-day operations and needs for supplies, products, and services

Network – Collaborate, enhance relationships and network with like-minded long-term care and senior living providers.

Secure your spot today! Register online and or fax the completed registration form to us at 860-290-9478. If you have any questions, please contact Adriana Manning at (860) 290-9424 or by email amanning@cahcf.org

Adriana Manning, Show Coordinator (860) 290-9478



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PROGRAM GUIDE:

Again this year we shall be producing an 8 ½ x 11" **Program Guide** **IN FULL COLOR** containing information that Attendees will need to know for The Show **AND** containing the Names and Contact Information for all Sponsors and Exhibitors. Attendees will hold onto the **Program Guide** long after The Show is concluded and use it as a reference in their buying decisions for the year to come.

That's right..., an 8 ½" x 11" Program Guide **IN FULL COLOR!**

In addition to your listing, you have the opportunity now to advertise in our 8 ½ x 11" **Program Guide** **IN FULL COLOR**. Ad copy is preferred as a pdf file, however, we can also work with eps or photo-ready copy.

Full-page - \$300.00
Half-page - \$175.00
Quarter-page - \$100.00

Indicate your desire to advertise in the **Program Guide** on the Exhibitor Registration Form.

Ad copy (jpg/pdf preferred) and payment must be received no later than close-of-business **Friday, October 17!**

SHIPPING/DRAYAGE - Exhibitors who wish to ship their items to and from the event **must** contact Global Events Rental at globalrentalenfield@gmail.com or by phone (860) 741-5999. Items cannot be shipped to the venue.

HOTELS:

We recommend the following hotels, please note that we do not have a hotel block. These hotels are located about 15 to 20 minutes away from the Aria. The address for the Aria is 45 Murphy Rd, Prospect, CT 06712.

- Courtyard by Marriott Southington
- Homewood Suites by Hilton Southington

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2025 Exhibitor Registration Form

The Booth Fee is **\$1,050.00/booth**, we are offering a **\$100.00/booth discount** for national Business Affiliates of the American College of Health Care Administrators or Business Affiliates of the Connecticut Association of Health Care Facilities.

A non-refundable deposit of \$200.00/booth is required with your Registration Form. Any unpaid balance must be received by October 1, 2025, or your deposit will be forfeited and your booth(s) assigned to another Exhibitor.

Cancellations must be made in writing by October 7, 2024 to receive a refund, less your deposit. Two (2) Exhibitor representatives are included in your Exhibitor Registration; one additional Exhibitor representatives can be added for \$50.00 each.

Lunch with the Attendees can be added for \$65 per person, one person must remain in your booth at all times

Booth assignments on the Exhibit floor are made at the discretion of the Committee.

Please type or print clearly

Company Name: _____

Contact Person: _____

Mailing Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Kosher Meal: ____ Yes ____ No **Number of meals required:** _____

Payment Information:

Item	Amount
Booth Rental	\$1050.00
Electricity \$65.00, 110 volt, 15 amp. ____Yes ____No	_____
Additional Representative (up to 2 People, \$50 per person)	_____
Lunch with Attendees \$65 per person	_____
Advertising in Program Guide – Full Page \$300	_____
Half Page \$175	_____
Quarter Page \$100	_____

Subtotal

Discount - I/we are a national Business Affiliate Member of the American College of Health Care Administrators or a Business Affiliate Member of the Connecticut Association of Health Care Facilities (**deduct \$100/booth**)

-

Total Amount Enclosed

Please list the **names, titles and email addresses** for the **representatives** that will be attending the tradeshow. 2 (two) Exhibitors are included in the booth fee, if additional representatives are listed you will be invoiced.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



ACHCA
American College of
Health Care Administrators
Connecticut Chapter

CAHCF/CCAL
Connecticut Association of Health Care Facilities
Connecticut Chapter for Assisted Living



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Tradeshow Rules and Regulations

1. **RESERVATION OF SPACE** – Space will be reserved by registering online or by submitting your registration form with either full payment or a **\$200 non-refundable deposit** either by credit card or check. Booth space is available on a first come, first serve basis, with a **maximum of 70 booths**. Booths are not considered reserved until payment or a deposit is received. **Final payment MUST BE RECEIVED BY OCTOBER 1, 2024 or your booth will be forfeited.**
2. **CANCELLATIONS** – Cancellations in writing must be received by October 7, 2024, in order to receive a refund less the \$200 non-refundable deposit. After October 7, 2024 cancellations will not receive a refund and all amounts paid will be forfeited. Fees cannot be credited to future events.
3. **BOOTH ASSIGNMENT** – Booths are assigned by the Committee, exhibitors will not be placed near a competitor. CT-ACHCA/CAHCF reserves the right to relocate an exhibitor for the betterment of the tradeshow.
4. **BOOTH EQUIPMENT** – Each booth will be 8' x 8' and will include a back and side drape. A table and two (2) chairs will be provided. If the Exhibitor pays for additional representatives (up to two) only one (1) additional chair will be placed in the booth.
5. **ELECTRICITY** – A 110-volt outlet can be purchased for \$65.00. **Extension cords are the responsibility of the exhibitor.**
6. **SIGNAGE** – Each exhibitor will receive one sign with the organization's name.
7. **SHIPPING/DRAYAGE** – Exhibitors who wish to ship their items to and from the event **must contact Global Events Rental, (860) 741-5999 or globalrentalenfield@gmail.com**
8. **SET UP AND DISMANTLING** – The dedicated set up time for booths is 8:00 a.m. to 11:00 a.m. Your booth must be properly installed, fully operational and show-ready no later than 11:00 a.m. Under no circumstances will the addition to or removal of any portion of an exhibit be permitted during show hours.
9. **BADGES** – Exhibitors must wear their official identification badges at all times during the event. They may not be loaned or given to anyone.
10. **SPACE NOT OCCUPIED** – If your booth is not occupied 30 minutes before the time of the Tradeshow, it will be forfeited by the exhibitor, and the space may be resold, reassigned or used by CT – ACHCA/CAHCF without a refund.
11. **LUNCH** – Your booth rental includes two (2) boxed luncheons, you can register two (2) additional exhibitors at a cost of \$50 each. You may also upgrade your lunch option to lunch with the attendees for \$65 per person, however, you must have at least one (1) representative at your booth at all times. Kosher meal available upon request.
12. **NON-EXHIBITING VENDORS POLICY** – **Vendors who are not Exhibitors, Presenters, Sponsors and/or Connecticut-licensed Nursing Home Administrators may not attend the tradeshow.** Vendors are not allowed to share their booth with another vendor.
13. **AMENDMENT TO RULES** – Any and all matters or questions not specifically covered in these rules and regulations may be amended at any time by CT Chapter – ACHCA/CAHCF, which is understood and agreed to by all parties.

Register Online

<https://tinyurl.com/2025tradeshow>

Scan To
Register
Online



Adriana Manning, Show Coordinator 860-290-9424; amanning@cahcf.org
CAHCF, 213 Court Street Suite 202, Middletown, CT 06457

Connecticut Association of Health Care Facilities, Inc.

213 Court Street, Suite 202
Middletown, CT 06457
(860) 290-9424 (860) 290-9478

Credit Card Authorization Form

**PCI COMPLIANCE MANDATES THAT THIS FORM MUST BE FAXED - DO NOT EMAIL
FAX NUMBER: (860) 290-9478**

Company: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email Address: _____

Billing Address (if different):

Address: _____

City, State, Zip: _____

Telephone: _____

Credit Card Information:

Type of Card: _____

Credit Card Number: _____

Expiration Date:

Example: 06/20 _____

3 digit security code (on back) _____

SECURITY CODE:

4 digit security code (American Express only, on front) _____

Amount to Charge: _____

Reason for Charge: _____

I agree to pay above total amount according to card issuer agreement.

Signature: _____

Print Name: _____



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Sponsorship Opportunities

We understand that certain companies/organizations cannot or do not wish to display in a booth environment. We understand, also, that certain companies/organizations may wish to increase their visibility to our Show participants. For these groups we offer the following Sponsorship Opportunities:

Grand Prize Drawing - \$600

The sponsor's name and logo will be prominently displayed on a sign next to the stage. Your company's name and/or logo will be featured on all promotional materials and our website

Keynote Sponsor - \$1000

The sponsor's name and logo will be prominently displayed on a sign next to the stage. Your company's name and/or logo will be featured on all promotional materials and our website.

Professional Headshot Sponsor - \$1,500

The sponsor's booth will be placed next to the Headshot booth. Your company's name and/or logo will be featured on all promotional materials and our website.

Sponsorship Filled:

-  **Tradeshow Bags** – NOA Diagnostics
-  **Notepads** – Preferred Therapy Solutions
-  **Lanyards and Name badge** - PharmScript
-  **Announcement Printing** – Hinkson Clinical Consulting PLLC
-  **\$50 Raffle Prizes & Afternoon Break** – TwinMed
-  **Continental Breakfast** – Harvest Healthcare
-  **Luncheon Sponsor** – Incite Strategic Partner

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Sponsorship fees are payable in full at the time of request.

Please type or print clearly

Company Name: _____

Contact Person: _____

Mailing Address: _____

Email Address: _____

- ☐ **Grand Prize Drawing - \$600**
- ☐ **Keynote Sponsor - \$1,000**
- ☐ **Professional Headshot Booth - \$1,500**

Payment Information:

Total Amount Enclosed \$ _____

Mail to: Adriana Manning, Show
Coordinator c/o CAHCF
213 Court Street Suite 202
Middletown, CT 06457

To pay by credit card, complete the following:

Name on Credit Card: _____	Type of Card: _____
Card Number: _____	Expiration Date: _____ Amount to Charge: \$ _____
Security Code: 3 digits for Visa and MasterCard, 4 digits for American express: _____	Billing Address if different: _____ _____

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