

Exhibitor Registration

We are excited to announce that our **35th Educational Conference and Trade Show** will be held in person this year on **Wednesday, November 1st** at the **Aria** in Prospect, CT. Interest 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. Only your completed Registration Form or your completed online registration form with a deposit by check or credit card will ensure your presence at The Show.

The Booth Fee is **\$995.00/booth**, we are offering a **\$95.00/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.** Any unpaid balance must be received by October 15, 2023, or your deposit will be forfeited and your booth(s) assigned to another Exhibitor. **Cancellations must be made in writing thirty (30) days prior to The Show in order to receive a refund.** Two (2) Exhibitor representatives are included in your Exhibitor Registration; additional Exhibitor representatives are \$50.00 each. **Booth assignments on the Exhibit floor are made at the discretion of the Committee.**

The following are included in your fee:

- Drayage services to include a full-sized booth (8' deep x 8' wide) with (1) 6 foot table, (2) chairs, side rail and 8' backdrop
- One (1) sign with your organization's name
- Two (2) Exhibitor representatives are included in your Exhibitor Registration; additional Exhibitor representatives are \$50.00 each.
- Complimentary "Exhibitor ONLY" Breakfast Buffet (7:00 AM – 8:30 AM day of Show)
- Complimentary Box Lunch delivered to your booth. Kosher meal available upon request.
- Listing in the event Program Guide
- Complete participant listing emailed to you **following** the event

Electricity is not provided, there is a \$65 fee for a 115 volt, 15 amp outlet plug

Program Guide Advertising **IN FULL COLOR** and Sponsorship Opportunities are also available. Full page is 8 ½ x 11 inches.

REGISTER ONLINE - <https://tinyurl.com/cahcf2023tradeshow>

Don't miss the opportunity to be part of this historic partnership between Administrators, Facility staff and Owners. Questions? Please call Adriana Manning, Show Coordinator at 860-290-9424.

Program Guide Advertising

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 - Dimensions 8 ½” wide x 11” Long
- Half-page - \$175.00 - Dimensions 8 ½” wide x 5 ½” Long
- Quarter-page - \$100.00 - Dimensions 4 ¼” Wide x 5 ½” Long

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

Exhibitor Registration Form

The Booth Fee is **\$995.00/booth**, we are offering a **\$95.00/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. A non-refundable deposit of \$200.00/booth is required with your Registration Form, if you register online, please indicate how you would like to submit your payment – either online or by check within 10 days of your registration.** Any unpaid balance must be received by October 15, 2023, or your deposit will be forfeited and your booth(s) assigned to another Exhibitor. **Cancellations must be made in writing thirty (30) days prior to The Show in order to receive a refund.** Two (2) Exhibitor representatives are included in your Exhibitor Registration; additional Exhibitor representatives are \$50.00 each. **Booth assignments on the Exhibit floor are made at the discretion of the Committee.**

Please type or print clearly

Company Name: _____

Name for Booth Sign (**if different from above**): _____
 (as it should appear on Booth Sign, Name Badges and listing in Program Guide)

Contact Person: _____

Mailing Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Electrical Requirements \$65.00 per plug: ___ No ___ Yes, 110 volt, 15 amp

Payment Information:

Booth rental(s) _____ @ \$995.00/booth \$ _____

Additional Exhibitor Representatives @ \$50.00/each (**two (2) are included with your registration**)

\$ _____

Electricity \$65.00 per plug \$ _____

Advertisement for **Program Guide** **IN FULL COLOR** (Full \$300.00; 1/2 \$175.00; 1/4 \$100.00)

\$ _____

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 \$95.00/booth)

- \$ _____

Total Amount Enclosed (make check payable to “ACHCA – CT Chapter”) \$ _____

Balance Due (received before 10/15/2023) \$ _____

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

REGISTER & PAY ONLINE -

<https://tinyurl.com/cahcf2023tradeshow>

Adriana Manning, Show Coordinator 860-290-9424; amanning@cahcf.org