

2024 MHCA Fall Health Care Conference & Expo Exhibitor Contract

Person to whom all convention correspondence shall be directed/sent:

Event Contact:		
Title:		
Company Name:		
Address:		
City:	State:	Zip Code:
Tel:	Email:	

Booth Selection: Deadline for Registering for Conference is September 9.

See Exhibitor Packet for hall layout. Booth sizes available are specific to location.	LTC Stakeholders ONLY	MHCA Members * MHCABS/Provista/Vizient GPO Vendors	Non-Members	Total
Booth Size: 4' d x 8' w <i>Booths 70-73 (RESERVED)</i>	\$500			
Booth Size: 6' d x 8' w <i>Booths 1-55, 60-69</i>		\$850	\$1275	
Booth Size: 8' d x 10' w <i>Booths 56-59</i>		\$1000	\$1500	
Indicate booth space preference: 1 st : ____ 2 nd : ____ 3 rd : ____ 4 th : ____				
Booth Table Size Choice: <input type="checkbox"/> 3' Round <input type="checkbox"/> 4' Round <input type="checkbox"/> 6' Rectangle <input type="checkbox"/> No Table			1 Included	
<i>*Applies to members in good standing for FY 2023/2024 AND 2024/2025. New members are required to prepay 2024/2025 dues at time of registration.</i>		Electrical Service (110 Watts)	\$25.00	

Directory/Buyer's Guide: Deadline for ad submission is August 30.

	B/W	Color Ad	Total
Quarter Page (4.5" w x 1.5" h) <i>(Color Ad INCLUDED in Seminar Sponsorship Package)</i>	\$100	\$125	
Half Page (4.5" w x 3.5" h) <i>(Color Ad INCLUDED in Keynote Sponsorship Package)</i>	\$175	\$225	
Full Page (4.5" w x 7" h) <i>(INCLUDED in Vendor Social Sponsorship Package)</i>	\$250	\$325	
Covers and Divider Pages <i>(INCLUDED as specified in Annual Sponsorship Packages)</i>			

Artwork Preference (check one): Repeat last year's advertisement Will email to dchicoine@mehca.org

All exhibitors are listed in the Directory/Buyer's Guide. Please indicate below how your entry should appear:

Company Name:		
Address:		
City:	State:	Zip Code:
Contact Person: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		
Tel:	Email:	

Sponsorship Opportunities – Deadline September 9

Annual (October 1 – September 30):		
Platinum	\$10,000	
Gold	\$7,500	
Silver	\$5,000	
Bronze	\$3,000	
Conference Specific:		
Event Sponsor <i>(1 available)</i>	\$2,500	
Keynote Sponsor <i>(3 available)</i> Choices: <input type="checkbox"/> 1 st Day/Opening <input type="checkbox"/> 2 nd Day/Opening <input type="checkbox"/> 2 nd Day/Closing	\$2,000	
Special Promotion: Day 2 "Take the Doughnut" - \$1,000 <i>(1 available)</i>	\$1,000	
Lanyard Sponsor <i>(1 available)</i>	\$1,200	
Seminar Sponsor <i>(20+ available)</i>	\$500	
Break Sponsor <i>(4 available)</i>	\$400	

Booth Representatives Badge & Meal Information / Hotel Assignment

- Each representative is **required** to purchase a Badge/Meal Package (❖) for each day attending conference.
- The Early Bird Dinner and Wednesday Breakfast are **optional**.
- **For those purchasing multiple booths**, you receive an additional complimentary Day 1 and Day 2 Meal Package per booth ordered.

Primary Booth Contact			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Early Bird Dinner (10/15)	\$55	
Title:	Wednesday Breakfast (10/16)	\$32	
Tel:	Day 1 Meal Package (10/16) (includes lunch/dinner)	\$90 ❖	No Charge
Email:			
Dietary: <input type="checkbox"/> I have food allergies/dietary restrictions. Please describe:	Day 2 Meal Package (10/17) (includes breakfast/lunch)	\$70 ❖	No Charge

❖ Meal Packages are required for all onsite reps per day attending

Additional Representative			
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Early Bird Dinner (10/15)	\$55	
Title:	Wednesday Breakfast (10/16)	\$32	
Tel:	Day 1 Meal Package (10/16) (includes lunch/dinner)	\$90 ❖	
Email:			
Dietary: <input type="checkbox"/> I have food allergies/dietary restrictions. Please describe:	Day 2 Meal Package (10/17) (includes breakfast/lunch)	\$70 ❖	

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Page 2	SUBTOTAL 2		
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MMSF Golf Tournament Team Registration & Sponsorship Opportunities – Deadline September 9

See page 6 of the Exhibitor/Sponsorship packet for complete sponsorship details. **For the Hole In One contest, participants must indicate if they have USGA PRO status.** The USGA® writes and maintains the Rules of Amateur Status along with the R&A. An “amateur golfer” is one who plays the game as a non-remunerative and non-profit-making sport and who does not receive remuneration for teaching golf or for other activities because of golf skill or reputation, except as provided in the Rules.

Swag Bag Sponsor (1 available) (includes 2-person team registration) *	\$1,500	
Hole In One Sponsor (1 available) (includes 2-person team registration) *	\$1,500	
Hole Sponsor (17 available) (includes individual entry registration) *	\$500	

Raffle Donations:

Golf Team Members: Please include handicap information.

Team Captain: Handicap: USGA Pro: \$150 *

Organization:

Address:

Tel: Email:

Player 2: Handicap: USGA Pro: \$150 *

Organization:

Address:

Tel: Email:

Player 3: Handicap: USGA Pro: \$150 *

Organization:

Address:

Tel: Email:

Player 4: Handicap: USGA Pro: \$150 *

Organization:

Address:

Tel: Email: **SUBTOTAL 3**

Company Prize Drawing Donation: Indicate item being donated and estimated value:

MHCA Ticket Auction Donation: Indicate item being donated and estimated value:

From page 1 **SUBTOTAL 1**

From page 2 **SUBTOTAL 2**

From page 3 **SUBTOTAL 3**

GRAND TOTAL

With the signing of this contract I/we understand, accept and will adhere to the Rules & Regulations governing the 2024 Exposition (see pages 7-9 in exhibitor packet). I am authorized to sign this Exposition Contract:

Signature _____ Date _____

Print Name _____

PAYMENT INSTRUCTIONS:

To submit your completed registration form please visit: www.mehca.org/exhibitorreg

- Complete the online form, attaching a scanned/PDF copy of the exhibitor registration form in the box indicated.
- **If paying by check**, please send a copy of your registration form with the check to: Maine Health Care Association, 317 State Street, Augusta, ME 04330 Attn: Dianne Chicoine, Exhibit Coordinator. Checks returned for insufficient funds will be charged a \$50.00 fee.
- **If paying by credit card**, you will automatically be redirected to Paypal to complete your payment after completing the online form “Submit” button. You do not need a Paypal account to proceed, you may check-out as a guest and use any debit or credit card to process your payment
- **Cancellation/Refund Policy:** Requests received by 5:00 p.m., August 30, 2024, will be charged an administrative fee of \$100 per booth and the balance of the booth price will be refunded. No refunds for any portion of the booth fee or meals will be made after August 30; exhibitors who purchase booths after August 30 are not entitled to any refund. Sponsorship fees are not refundable after July 10, 2024. **See page 7 of exhibitor packet for full policy.**
- **A surcharge of \$35.00 will be charged for all onsite service requests, including electrical and meals. All onsite purchases must be paid at time of request.**

CATEGORY OF PRODUCT OR SERVICE:

- Apparel/Footwear/Uniforms
- Architects/Construction/Renovations
- Computers/Communications Systems/Software, EHR/EMR
- Consulting Services
- Dental/Optical Services
- Diagnostic Services/Laboratories/X-Ray Services
- Education/In-Service
- Energy/Environmental/Pest Control
- Equipment Sales/Leasing
- Financial Services (Banks, CPAs, Management)
- Food/Beverage/Nutrition
- Furniture/Interior Design
- Housekeeping/Laundry
- Insurance Products
- Legal Services
- MHCABS/Provista/Vizient Group Purchasing Vendor
- Management Services
- Marketing
- Mental Health Services
- Pharmaceutical/Medical Services and Supplies
- Professional Networking Organization
- Real Estate Appraisals, Sales and Acquisitions
- Rehabilitation/Therapy
- Safety/Security Systems
- Transportation Services/Sales

- Other: _____

PLEASE LIST YOUR COMPETITORS:

Please list your competitors to avoid their being placed in the same area of the exhibit hall. Every attempt will be made by MHCA to place exhibiting company in an area away from competitor if you list them here:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____