

2021 MHCA VIRTUAL Fall Health Care Conference & Expo Exhibitor Contract

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

Contact Person:		
Title:		
Company Name:		
Address:		
City:	State:	Zip Code:
Tel:	Email:	
Preferred Method of Contact: <input type="checkbox"/> Telephone <input type="checkbox"/> Email		
<input type="checkbox"/> List in Directory/Buyer's Guide as company contact		

Booth Selection: Deadline for Registering for Conference is October 8.

*Applies to members in good standing for FY 2020/2021 & 2021/2022	MHCA Members * MHCABS/Provista/Vizient GPO Vendors	Non-Members	Total
	\$700	\$800	

Directory/Buyer's Guide: Deadline for ad submission is October 8.

	Ad Fees	Total
Quarter Page (3.5" w x 2" h) - Black/White <i>(INCLUDED with exhibitor registrations)</i>		
Half Page (7.5" w x 4.5" h) – Color ad upgrade from Quarter Page <i>(INCLUDED in Keynote Sponsorship Package)</i>	\$125	
Full Page (7.5" w x 10" h) – Color ad upgrade from Quarter Page <i>(INCLUDED in Conference Sponsorship Packages)</i>	\$225	
Covers and Divider Pages (7.5" w x 4.5" h) <i>(INCLUDED as specified in Annual Sponsorship Packages)</i>		
Non-exhibitors or sponsors may purchase an ad in the Directory at the following rates:		
Quarter Page (3.5" w x 2" h) - Black/White Only	\$100	
Half Page (7.5" w x 4.5" h) - Black/White OR Color	\$175 BW / \$225 Color	
Full Page (7.5" w x 10" h) - Black/White OR Color	\$250 BW / \$325 Color	

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

Sponsorship Opportunities – Deadline October 8.

Annual (October 1 – September 30):		
Platinum	\$10,000	
Gold	\$7,500	
Silver	\$5,000	
Bronze	\$3,000	
Conference Specific:		
Conference Sponsor	\$2,000	
Keynote Sponsor – <input type="checkbox"/> 1 st Day - Opening <input checked="" type="checkbox"/> 2 nd Day – Opening (SOLD) <input type="checkbox"/> 2 nd Day - Closing	\$1,500 ea	
Gamification Leaderboard Sponsor (1 available)	\$1,000	
Facilitated Discussion Sponsors (3 available) <i>(formerly Break sponsorship / 1 sponsor per day)</i> <i>Current Break sponsors have first option.</i>	\$500 ea	
Seminar Sponsor (25 available)	\$400	

Company Prize Drawing Donation for Gamification:

Indicate item being donated and estimated value.

MHCA PAC Drawing Auction Donation:

Indicate item being donated and estimated value.

	TOTAL	
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Booth Representatives:

Primary Booth Contact

Mr. Ms.

Title:

Address:

City: State: Zip Code:

Tel: Email:

List in Directory/Buyer's Guide as company contact

Additional Representative

Mr. Ms.

Title:

Address:

City: State: Zip Code:

Tel: Email:

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Mr. Ms.

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Address:

City: State: Zip Code:

Tel: Email:

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With the signing of this contract I/we understand, accept and will adhere to event specifications outlined in the MHCA VIRTUAL Fall Health Care Conference Exhibit, Sponsorship & Advertising Media Opportunities 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
- Upload 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
- **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

CATEGORY OF PRODUCT OR SERVICE:

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