

# 2009 Annual Convocation & Exposition



May 15-19, 2009

Rhode Island Convention Center  
Providence, RI

# Exhibitor/Sponsor Prospectus

# Reach the decision makers in Long Term Care by exhibiting at the ACHCA Annual Convocation and Exposition.

- 400 Attendees
- Dedicated Exhibit Hours – No Competing Events
- Meals and Reception in the Exhibit Hall
- Opportunities for One-on-One Networking and Relationship Building Throughout the Convocation and Access to All Convocation Events

## As an Exhibitor, You Receive:

- Exhibit space with back and side drapery and company sign
- Convocation & Exposition registration for 2 company representatives. This includes access to all education sessions, receptions and the Awards Banquet. Additional registrations and continuing education credit processing can be purchased at discounted prices.
- Pre- and post-convocation attendee lists

## Pricing:

- 10' x 10' in-line booth: \$1,795
- 10' x 10' corner booth: \$1,995
- 10' x 20' in-line booth: \$3,590
- 10' x 20' booth with corner: \$3,990
- 20' x 20' booth: \$7,580

10% discount if contract is submitted by December 1, 2008

**Cancellation of Exhibit:** In the event the Exhibit Show is cancelled due to circumstances not within the control of ACHCA such as fire, acts of God, labor strikes, picketing, civil disturbances, shortage of materials, curtailment of transportation facilities, or governmental intervention which materially affect either ACHCA or the facility to hold the exhibit show, then a refund of fees paid to ACHCA will be remitted to the exhibiting company less a \$150 processing fee, and less any actual expenses incurred by ACHCA if the cancellation is made 60 days or fewer prior to the installation date specified in the prospectus.

ACHCA is the professional society representing individual long term care administrators and executives.

ACHCA's 2,500 members represent a variety of care settings and services:

Assisted Living Communities	AIDS Care
Skilled Nursing Centers	Geriatric Centers
Rehabilitation Care	Behavioral Health Services
Alzheimer's Services	Intergenerational Care
Hospice Care	Senior Centers
Adult Day Care	Pediatric Services
Home Health Care	

## Attendee Demographics

Reach the individuals who make and approve purchase decisions for their facilities and corporations:

- Administrators: 49%
- CEO, President, Owner, Director: 36%
- Assistant Administrator/Director of Nursing: 6%
- Administrator-in-Training/Student: 7%
- Other: 2%

## Exhibitor Move-In:

Friday, May 15, 2009: 8:00 am – 5:00 pm  
Saturday, May 16, 2009: 8:00 am – 3:00 pm

## Show Dates:

Saturday, May 16, 2009: 5:15 pm – 7:15 pm  
*Reception in Exhibit Hall*

Sunday, May 17, 2009: 12:15 pm – 2:15 pm  
*Lunch served in Exhibit Hall*  
5:30 pm – 7:15 pm  
*Reception in Exhibit Hall*

## Exhibitor Move-Out:

Sunday, May 17, 2009, after exhibit hours through Monday, May 18, 2009, at 5:00 pm.

*Schedule subject to change.*

## For more information:

Infinity Communications, LLC at 443-310-8668 or [info@infinitycommunications.org](mailto:info@infinitycommunications.org)  
CC Andrews: 440-846-3609 or [candrews@achca.org](mailto:candrews@achca.org)

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Return contract with payment to: ACHCA, Exhibits Dept., 12100 Sunset Hills Rd, Ste 130, Reston, VA, 20190  
Or fax with credit card number to 866-874-1585. Questions, call Infinity Communications, LLC at 443-310-8668

Sponsor  
Contract

## Sponsorship Contact Information

COMPANY NAME: \_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 CITY / STATE / ZIP CODE: \_\_\_\_\_  
 PRODUCT TYPE: \_\_\_\_\_  
 TELEPHONE / FAX: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_  
 WEBSITE ADDRESS: \_\_\_\_\_

## Sponsorship Selection

- |   |          |  |          |
|---|----------|--|----------|
| <input type="checkbox"/> Keynote Speaker (\$25,000)                   | \$ _____ | <input type="checkbox"/> Tables at ACHCA Awards Banquet (\$500 each)           | \$ _____ |
| <input type="checkbox"/> Networking Event (\$15,000)                  | \$ _____ | <input type="checkbox"/> Concurrent Educational Sessions (\$2,000 Per Session) | \$ _____ |
| <input type="checkbox"/> Opening Reception (\$12,000)                 | \$ _____ | <input type="checkbox"/> Certificate Program Tracks (\$4,000 Per Track)        | \$ _____ |
| <input type="checkbox"/> Plenary Speaker (\$10,000)                   | \$ _____ | <input type="checkbox"/> Final Program Advertising                             |          |
| <input type="checkbox"/> Session Notes On CD (\$7,500)                | \$ _____ | <input type="checkbox"/> Outside Back Cover (\$2,000)                          | \$ _____ |
| <input type="checkbox"/> Lunch in Exhibit Hall (\$12,000)             | \$ _____ | <input type="checkbox"/> Inside Front Cover (\$2,000)                          | \$ _____ |
| <input type="checkbox"/> Professional Advancement Breakfast (\$5,000) | \$ _____ | <input type="checkbox"/> Inside Back Cover (\$1,500)                           | \$ _____ |
| <input type="checkbox"/> Cyber Cafe (\$5,000)                         | \$ _____ | <input type="checkbox"/> Full Page – (\$975)                                   | \$ _____ |
| <input type="checkbox"/> CEU Booklets (\$5,000)                       | \$ _____ | <input type="checkbox"/> Half Page – (\$750)                                   | \$ _____ |
| <input type="checkbox"/> Coffee Break (\$3,000 Each)                  | \$ _____ | <input type="checkbox"/> Business Card – (\$400)                               | \$ _____ |
| <input type="checkbox"/> Refreshment Break (\$3,000 Each)             | \$ _____ | <input type="checkbox"/> Welcome Banner – 3 Available (\$2,500 Each)           | \$ _____ |
| <input type="checkbox"/> Attendee Registration List (\$2,500)         | \$ _____ |  |          |
| <input type="checkbox"/> Models of Excellence (\$1,795)               | \$ _____ |  |          |

**Total Amount Due: \$** \_\_\_\_\_

Check payable to ACHCA enclosed.       Credit card:     Visa     MasterCard     American Express

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

CARD HOLDER SIGNATURE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

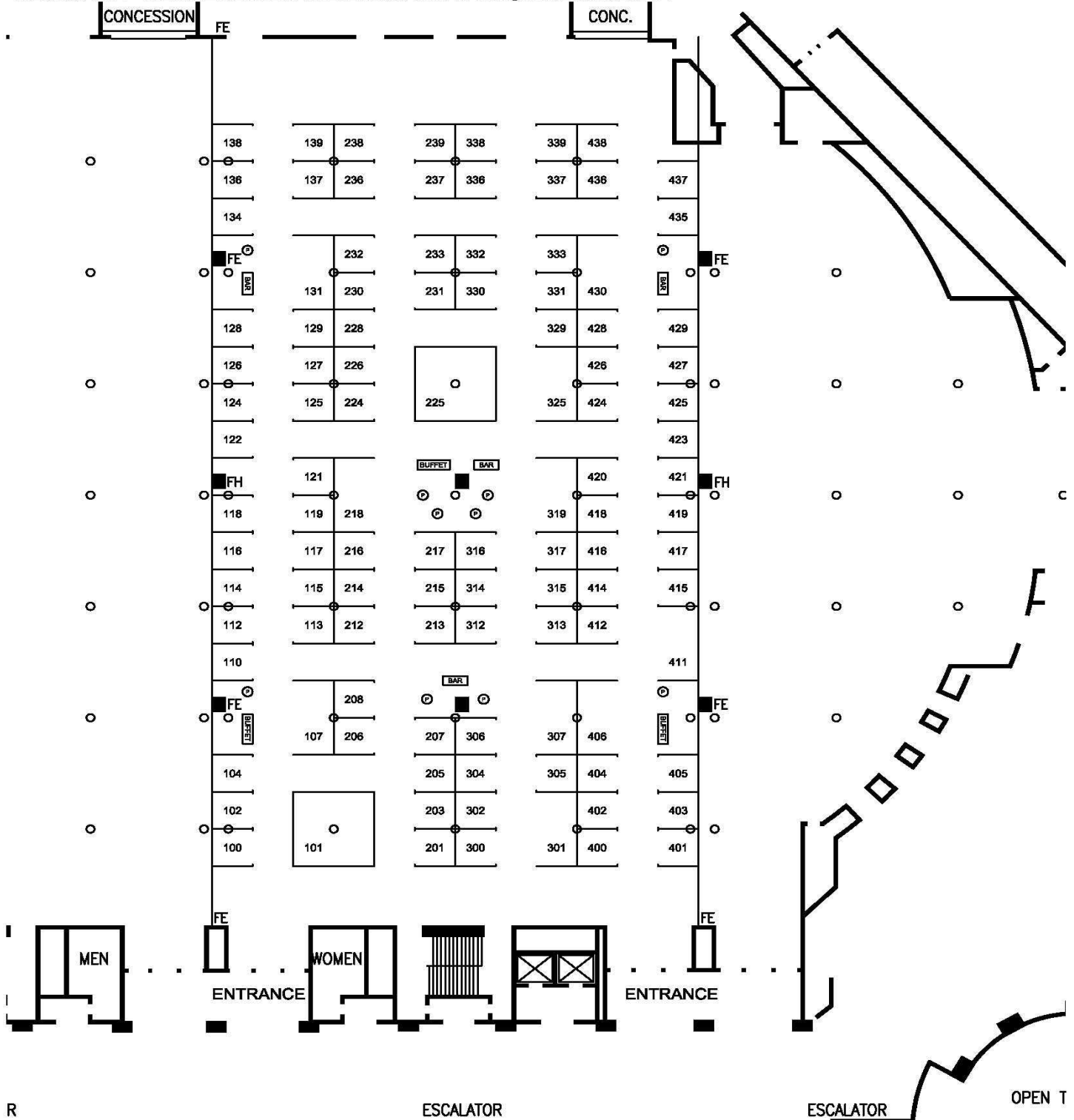
### ACHCA USE ONLY

Sponsorship Assigned \_\_\_\_\_ Date Confirmed \_\_\_\_\_ Total Cost \$ \_\_\_\_\_

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**BOOTH LEGEND**  
 94 = 10' x 10' Booths  
 10 = 10' x 20' Booths  
 2 = 20' x 20' Booths

SCALE: 1/32" = 1' - 0"

ACHCA  
 MAY 2009  
 RHODE ISLAND CONVENTION CENTER  
 PROVIDENCE, RI  
 PROVIDENCE HALLS C & D

**George Fern Company**  
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## Exhibit Contact Information

COMPANY NAME \_\_\_\_\_  
AUTHORIZED REPRESENTATIVE \_\_\_\_\_  
TITLE \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY / STATE / ZIP CODE \_\_\_\_\_  
PRODUCT TYPE \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_  
WEBSITE ADDRESS \_\_\_\_\_

## Booth Identification Sign

COMPANY NAME \_\_\_\_\_

## Program Listing

Please provide a brief product description (25 words or less) to be listed in the Convocation Program. Please include the website you wish to have published as part of your exhibitor listing.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Exhibitor Name Badges

Included with your exhibit fee are two conference registrations. Exhibit staff are welcome to attend educational sessions, receptions and the awards banquet. Please provide the names of your exhibit staff exactly as they should appear on the name badges.

COMPANY REPRESENTATIVE \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_  
COMPANY REPRESENTATIVE \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_

If you have additional exhibit staff, please contact ACHCA for applicable fees.

Competing companies you do NOT wish to be near.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

## Discount

Submit contract by December 1, 2008 and receive a 10% discount.

## Booth Rental Rates

10' x 10' in-line ..... \$1,795  
10' x 10' corner ..... \$1,995  
10' x 20' in-line booth..... \$3,590  
10' x 20' in-line booth with corner..... \$3,990  
20' x 20' booth..... \$7,580

## Exhibit Booth Reservations

Applications for booth space must be accompanied by full payment.

## Exhibit Selection/Exhibit Rental Fees

Please refer to the floorplan and call Infinity Communications, LLC to confirm availability of your exhibit selection.

## Booth Number(s)

1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_ 3rd Choice \_\_\_\_\_

Booth Fee \_\_\_\_\_

Number of Spaces \_\_\_\_\_

## Cancellation Policy

Cancellations must be submitted in writing to ACHCA. After December 1, 2008, 50% of the booth cost will be refunded. After February 16, 2009 there are NO refunds.

## Contract/Payment Information

The total amount due is required with this contract.

Total Amount Due: \$ \_\_\_\_\_

- Check payable to ACHCA enclosed.  
 Please charge the following credit card:  
 Visa  MasterCard  American Express

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

CARD HOLDER SIGNATURE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

Contract rules and regulations are a part of this contract. In accordance with the rules and regulations outlined in this contract, and governing the ACHCA Exposition to be held at the Rhode Island Convention Center the undersigned understands and accepts all terms and hereby applies for exhibit space. Upon acceptance by ACHCA, this document constitutes a contract.

## Acceptance:

SIGNATURE \_\_\_\_\_

## ACHCA USE ONLY

Booth(s) Assigned \_\_\_\_\_ Date Confirmed \_\_\_\_\_ Total # Booths \_\_\_\_\_ Total Cost \$ \_\_\_\_\_