



ALCA Office Use Only:

Date Rec'd _____

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SPONSOR /EXHIBITOR AGREEMENT FORM

AGING LIFE CARE ASSOCIATION™ | 33rd Annual ALCA Conference 2017

Special Pre-Conference Sessions – Wednesday, May 3, 2017 • Opening Reception – Wednesday, May 3, 2017 at 6:00 PM • Conference Dates – Thursday, May 4 – Saturday, May 6, 2017

GRAND HYATT SAN ANTONIO | 600 E. MARKET STREET, SAN ANTONIO, TX 78205 | 210.224.1234 | WWW.GRANDSANANTONIO.HYATT.COM

To register, simply complete this form. Agreement and payment must be received by March 3, 2017.

Space is limited and assigned on a first-come first-served basis.

Organization/Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Web Address: _____ E-mail: _____

Contact Name: _____ Title: _____

Please check the appropriate box(es).

SPONSOR REGISTRATION:

- \$15,000 Ruby Sponsor** – Opening General Session Keynote (Thursday)
- \$10,000 Emerald Sponsor** – Annual Business and Awards Luncheon (Thursday)
- \$7,500 Diamond Sponsor** – Morning General Session (Friday)
- \$6,000 Sapphire Sponsor** – Tote Bags
- \$4,500 Pearl Sponsor #1** – Morning General Session (Saturday)
- \$4,500 Pearl Sponsor #2** – Luncheon Sponsor (Saturday)
- \$3,500 Break Sponsor** _____
- \$2,500 First-Time Attendee Reception Sponsor** (Wednesday)
- Other** _____

EXHIBIT TABLE REGISTRATION:

EXHIBITORS: Register and pay by December 1, 2016 and save \$500 off the published rates!

Single Tabletop Exhibit Package

- Member / Corporate Partner Rate \$1,750
- Non-member / Non Corporate Partner Rate \$2,250

Double Tabletop Exhibit Package

- Member / Corporate Partner Rate \$3,500
- Non-member / Non Corporate Partner Rate \$4,500

NEW Demonstration Display Exhibit Space Package (limited number available)

- Member / Corporate Partner Rate \$3,500
- Non-member / Non Corporate Partner Rate \$4,500

ON-SITE ADVERTISING:

- \$1,000 ALCA Tote Bag Inserts

On-site Program

- | | | |
|---|---|---|
| <input type="checkbox"/> Full-Page Ad | <input type="checkbox"/> Member/Corporate Partner \$575 | <input type="checkbox"/> Non-member / Non Corporate Partner \$675 |
| <input type="checkbox"/> Half-Page Ad | <input type="checkbox"/> Member/Corporate Partner \$325 | <input type="checkbox"/> Non-member / Non Corporate Partner \$425 |
| <input type="checkbox"/> Quarter-Page Ad | <input type="checkbox"/> Member/Corporate Partner \$200 | <input type="checkbox"/> Non-member / Non Corporate Partner \$300 |
| <input type="checkbox"/> Business Card Ad | <input type="checkbox"/> Member/Corporate Partner \$150 | <input type="checkbox"/> Non-member / Non Corporate Partner \$250 |

CUSTOM SPONSORSHIP PACKAGES ARE AVAILABLE. Please call Julie Wagner at 520.881.8008 or email jwagner@aginglifecare.org.

(continued on next page)

ALCA SPONSOR / EXHIBITOR AGREEMENT FORM (CONTINUED) Please type or print:

Organization/Company Name: _____

- I am interested in paying ALCA Corporate Partner rates! Please contact me about becoming a Corporate Partner.
- Please contact me when Conference Attendee Registration is open. I am interested in purchasing full Conference Registration at a 50% discount for up to two exhibitor staff.

Please describe the product, equipment, or service you will be exhibiting (this will be used for company description on online app): _____

I would prefer not to be assigned to a table next to or near: _____

Two badges per table will be issued for personnel staffing your exhibit. Names to be submitted at a later date.

Please note: Electricity, telephone, Internet, and hotel shipping and handling charges are not included in the exhibitor package and will be at company's expense. Details to follow prior to event.

Do you anticipate needing electrical access? Yes No

Do you anticipate needing telephone and/or Internet access? Yes No

PAYMENT INFORMATION:

Enclosed is our check in the amount of \$ _____

Please make payable to the Aging Life Care Association and mail to address below by March 3, 2017.

Please charge my

Visa MasterCard American Express in the amount of \$ _____

Card # _____ Exp. Date _____

Cardholder's Name (please print): _____ Signature: _____

EXHIBITING TERMS AND CONDITIONS The exhibitor assumes the entire responsibility for losses, damages, and claims arising out of exhibit's activities on the Hotel premises and will indemnify, defend, and hold harmless ALCA, the Hotel, their agents, servants, and employees from any and all such losses, damages and claims. Please note, your signature signifies acceptance of all terms and conditions of exhibiting.

Signature _____ Date _____

Schedule of cancellation fees are noted. No refunds will be made after March 3, 2017.

REGISTER TODAY!

BY MAIL: Aging Life Care Association • Attn: 2017 Conference | 3275 West Ina Road, Suite 130 • Tucson, AZ 85741 | **BY FAX:** 520.325.7925

For sponsorship or exhibiting opportunities, contact Julie Wagner at jwagner@aginglifecare.org or 520.881.8008.