ALCA-MA Chapter 2026 Sponsor/Exhibitor Registration Form

November 9, 2026 | Marriott Falls Church, VA | Registration Deadline: September 28, 2026

Return form via email or fax to: aschachter@aginglifecare.org, Fax: (520) 325-7925 or mail to address below

Organization/Company Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Web Address:** _____

Primary Contact for Planning: _____ **E-mail:** _____

Sponsorship/Exhibitor Registration Level: ☐ **$6,000 Mt. Vernon Sponsorship** ☐ **$5,000 Totebag Sponsorship** ☐ **$4,500 Potomac Sponsorship** ☐ **$4,000 Blue Ridge Sponsorship** ☐ **$3,500 Williamsburg Sponsorship** ☐ **$3,000 Shenandoah Sponsorship** ☐ **$2,000 Exhibitor** ☐ **$1,750 Exhibitor/Corp Partner** ☐ **$750 Advertiser**

Exhibitor Representatives

- Potomac ToteBag & Mt. Vernon Sponsors: 2 Comp Badges & 2 Lunches – Add Lunch for $75/each | Add Badge Only for $25/each
- Exhibitors: 2 Comp Badges/No lunch unless Corporate Partner (1) – Add Lunch for $75/each (upon availability)

1. **NAME:**_____ **Email:** _____
   ☐ Badge Only ☐ Add Badge -$25 ☐ Badge + Lunch Tix – CP or Sponsor - Comp ☐ Badge + Lunch Tix – $75
   Special Dietary Needs? □ Veg □ Gluten-Free□ Kosher (+ fees will apply)
2. **NAME:**_____ **Email:** _____
   ☐ Badge Only ☐ Add Badge -$25 ☐ Badge + Lunch Tix – CP or Sponsor - Comp ☐ Badge + Lunch Tix – $75
   Special Dietary Needs? □ Veg □ Gluten-Free□ Kosher (+ fees will apply)
3. **NAME:**_____ **Email:** _____
   ☐ Badge Only ☐ Add Badge -$25 ☐ Badge + Lunch Tix – CP or Sponsor - Comp ☐ Badge + Lunch Tix – $75
   Special Dietary Needs? □ Veg □ Gluten-Free□ Kosher (+ fees will apply)
4. **NAME:**_____ **Email:** _____
   ☐ Badge Only ☐ Add Badge -$25 ☐ Badge + Lunch Tix – CP or Sponsor - Comp ☐ Badge + Lunch Tix – $75
   Special Dietary Needs? □ Veg □ Gluten-Free□ Kosher (+ fees will apply)

Add Tix **$** _____

Total Amount Enclosed/Authorized to Charge: $ _____

I will pay by ☐ Check or ☐
Credit Card: Account Number __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ Exp Date: __/____ CVC Code: _____

Exhibitor Terms and Conditions: *The exhibitor assumes the entire responsibility for losses, damages, and claims arising out of exhibit's activities on Hotel premises and will indemnify, defend, and hold harmless ALCA-MA, the Hotel, their agents, and employees from any and all such losses, damages, and claims. Exhibit space is limited and assigned on a first-come, first-served basis. Cancellations must be received in writing.* ***No refunds will be issued after September 28, 2026.*** *Please note, your signature signifies acceptance of all terms and conditions of exhibiting on the Vendor Prospectus*

_____

Signature **Date**

Electrical and Internet Access: Wireless Internet Access will be provided in the exhibit hall.
I anticipate needing electrical access: □ **Yes** (*Additional charges may apply at the exhibitor's expense)* □ **No**

Make check payable to: ALCA-MA Chapter and mail with form to: ALCA-MA Chapter 3275 W Ina Road, Suite 130, Tucson, AZ 85741 Payments must be received by September 28, 2026 to be included in conference materials.