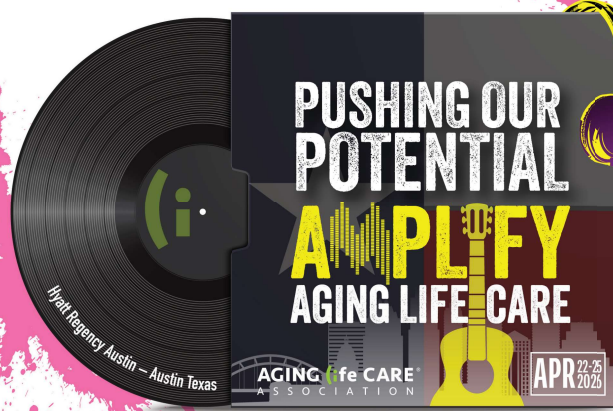


SPONSOR/EXHIBITOR AGREEMENT FORM

42ND ANNUAL ALCA CONFERENCE
HYATT REGENCY – AUSTIN, TEXAS
APRIL 22-25, 2026

To register, complete this form and send by email to dthomas@aginglifecare.org. Agreement and payment must be received by February 28, 2026. Space is limited and assigned on a first-come, first-served basis.



ALCA Office Use Only: _____
Date Rec'd: _____
Payment Rec'd: _____

Organization/Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Web Address: _____

Primary Contact for Planning: _____ E-mail: _____

Primary Contact On-Site: _____ E-mail: _____

PASSPORT QUESTION

To encourage attendees to engage with all exhibitors, prizes will be awarded to attendees who correctly answer questions about each exhibitor. What key point do you want to make sure attendees learn about you?

Question: _____

Answer: _____

SPONSORSHIP REGISTRATION PLEASE CHECK THE APPROPRIATE BOX(ES).

- \$20,000 RUBY SPONSOR**
 - Opening General Session Keynote (Thurs)
- \$15,000 EMERALD SPONSOR**
 - Annual Business and Awards Event (Thurs)
 - 2nd Thursday Morning General Session (Thurs)
 - Conference WiFi
- \$10,000 DIAMOND SPONSOR (2 Available)**
 - Friday General Session (Fri)
- \$8,000 SAPPHIRE SPONSOR (3 Available)**
 - Tote Bags
 - Photo Booth
 - Key Card
- \$6,500 PEARL SPONSOR (2 Available)**
 - Saturday General Session
- \$5,000 BREAK SPONSOR (Multiple Available)**
- CUSTOM** _____

EXHIBIT TABLE REGISTRATION:

SINGLE TABLETOP EXHIBIT PACKAGE

- Member / Partner Rate \$2,750
- Non-member / Non Partner Rate \$3,350

DOUBLE TABLETOP EXHIBIT PACKAGE

- Member / Partner Rate \$5,250
- Non-member / Non Partner Rate \$6,250

ADD-ON OPPORTUNITIES

- Video Ads:** Member / Partner Rate \$1,750 Non-member / Non Partner Rate \$2,250



Custom sponsorship packages are available. – please contact Dallin Thomas at dthomas@aginglifecare.org or 520.881.8008

(continued on next page)

Organization/Company Name: _____

ALCA SPONSOR /EXHIBITOR AGREEMENT FORM (CONTINUED)

ON-SITE ADVERTISING: TOTE BAG INSERTS \$1,250 ALCA Tote Bag Inserts

ON-SITE PROGRAM:

<input type="checkbox"/> Full-Page Ad	<input type="checkbox"/> Member / Partner \$650	<input type="checkbox"/> Non-member / Non Partner \$750
<input type="checkbox"/> Half-Page Ad	<input type="checkbox"/> Member / Partner \$450	<input type="checkbox"/> Non-member / Non Partner \$550
<input type="checkbox"/> Quarter-Page Ad	<input type="checkbox"/> Member / Partner \$300	<input type="checkbox"/> Non-member / Non Partner \$400
<input type="checkbox"/> Business Card Ad	<input type="checkbox"/> Member / Partner \$225	<input type="checkbox"/> Non-member / Non Partner \$325

- I am interested in paying ALCA Corporate Partner rates! Attached, please find the completed Corporate Partner Application.
- 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:

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

EXHIBITOR REPRESENTATIVES

1. Badge Only – N/C Thursday Lunch* Friday Lunch* - \$85 per day

NAME: _____ EMAIL: _____

*Special Dietary needs? Vegetarian Gluten-Free

2. Badge Only – N/C Thursday Lunch* Friday Lunch* - \$85 per day

NAME: _____ EMAIL: _____

*Special Dietary needs? Vegetarian Gluten-Free

3. Badge Only – \$50 Thursday Lunch* Friday Lunch* - \$85 per day

NAME: _____ EMAIL: _____

*Special Dietary needs? Vegetarian Gluten-Free

4. Badge Only – \$50 Thursday Lunch* Friday Lunch* - \$85 per day

NAME: _____ EMAIL: _____

*Special Dietary needs? Vegetarian Gluten-Free

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 February 27, 2026.

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 and will indemnify, defend, and hold harmless ALCA, 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 _____

BY MAIL OR FAX: 520.325.7925

Aging Life Care Association, Attn: 2026 Conference

3275 West Ina Road, Suite 130, Tucson, AZ 85741

Schedule of cancellation fees are noted on page 8. No refunds will be made after January 23, 2026

For sponsorship or exhibiting opportunities, contact Dallin Thomas at dthomas@aginglifecare.org or 520.881.8008