

**Exhibit &
Sponsorship
Invitation**

www.mthealthcare.org



MONTANA HEALTH CARE ASSOCIATION

2018 **Annual
Convention
& Exposition**

September 23–26, 2018
DoubleTree by Hilton Hotel
Billings, Montana



Montana Health Care Association
2018 Annual Convention & Exposition
September 23 – 26, 2018

Please
Join Us!

Exposition Date: Monday, September 24, 2018

Montana's **ONLY** trade
show designed exclusively
for nursing homes and
assisted living facilities

The **Montana Health Care Association** invites you to exhibit at the 2018 Annual Convention and Exposition, September 23–26, 2018.

MHCA

The Montana Health Care Association is Montana's premier long term care association, representing skilled nursing facilities, assisted living, and personal care agencies throughout the state. MHCA is an active, growing organization. Its membership includes not-for-profit, proprietary, independent and corporate-owned, religious, fraternal and government-operated facilities, as well as hospital-related long term care facilities.

Attendance

Owners, operators, administrators, directors of nursing, and staff of member and non-member facilities throughout the state attend the annual convention.

Special Features for Exhibitors

- Trade Show has exclusive billing for full evening on Monday.
- Monday evening reception with exhibitors in trade show area.
- Exhibitors' door prize drawings during the exposition.

Be a Sponsor!

If you would like to sponsor or co-sponsor an educational speaker, a meal, break or other activity, please complete the sponsorship section of the **Application for Participation**. Sponsors receive acknowledgement in the convention book and recognition from the podium on several occasions, sponsorship designation on your name badge(s) and signage at your exhibit booth and at the convention site indicating sponsorship.

Hotel Information

Convention headquarters and registration will be at the DoubleTree by Hilton Billings, 27 N. 27th Street (800-614-5495 or 406-252-7400). Convention rates are single or double, \$129 plus tax. When making reservations, be sure to indicate that you are attending the MHCA convention. Reservations need to be made directly with the hotel before August 31, 2018, to receive the convention rate.

Costs and Services

Standard booth unit size is 10' wide by 6' deep. The charge for each booth is: commercial non-member \$550 or MHCA sponsor member \$400. Multiples of this base size are available for \$250 each.

Cost includes:

- Draped backwall 8 feet high
- Draped side rails 36 inches high
- Skirted 8-foot table, chair and carpet
- Standard booth sign
- Exhibitor service kit
- Listing in the official convention book
- Roster of convention attendees
- Two complimentary tickets to Monday reception (additional reception tickets \$25 each)

Exhibit Space Reservations

Once you have reserved space, you will receive confirmation, invoice, service kit, and listing of member facilities. To reserve space, complete and mail, fax or email the enclosed **Application for Participation**.

For additional information or immediate booth reservation, contact:

Montana Health Care Association

36 S. Last Chance Gulch, Suite A
Helena, Montana 59601

Telephone: 406-443-2876

Fax: 406-443-4614

E-mail: skopec@rmsmanagement.com

Website: www.mthealthcare.org

Exhibit Space Cancellation

Notification of an exhibitor's decision to cancel exhibit space must be submitted in writing. If space is cancelled between July 31 and August 31, 2018, 50% of the total cost of the space will be retained. No refunds will be made for cancellations after August 31, 2018.

■ Sunday, September 23

Registration 6:00 – 8:00 pm

■ Monday, September 24

Registration 7:30 am – 5:00 pm

Education Sessions 8:30 am – 4:30 pm

Exhibitor Move-In 2:00 – 4:15 pm

Trade Show 4:30 – 7:30 pm

Reception, Door Prize Drawings

Exhibitor Move-Out 7:30 pm

■ Tuesday, September 25

Registration 7:00 am – 5:00 pm

Education Sessions 8:00 am – 4:30 pm

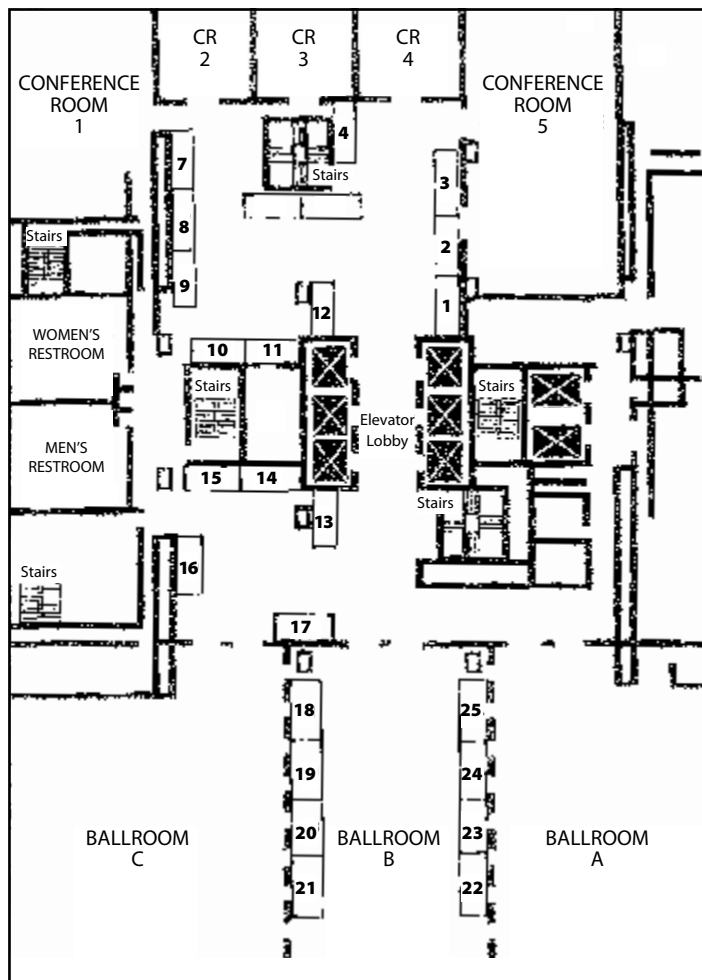
■ Wednesday, September 26

Registration 7:00 am – 10:30 am

Education Sessions 8:00 – 11:30 am

Membership Meeting 10:15 – 11:30 am

Adjourn 11:30 am



DoubleTree by Hilton Hotel • Billings, Montana
Booth space 10' wide by 6' deep

Pillar Event Services, Inc., (406) 861-3931

Advertise!

Make the most of your trade show experience! Target your product directly to conference participants through the convention book.

Full Page Inside (size: 8½ inches x 11 inches)

- Exhibitors/Sponsors \$75
- Non-exhibitor/non-sponsor vendors \$250

Half Page Inside (size: 8½ inches x 5½ inches)

- Exhibitors/Sponsors \$45
- Non-exhibitors/non-sponsor vendors \$150

Camera-ready ad must be submitted no later than **August 31, 2018**.

Note: Finished convention book and ads are photocopied in black and white. Please plan accordingly when designing your ad.

MHCA . . .

providing leadership and empowerment within the long term care continuum through education, advocacy, information and support to our members.

DoubleTree by Hilton Hotel
Billings, Montana



www.mthealthcare.org

The Montana Health Care Association (MHCA) cannot be held liable for events beyond its control, such as acts of God, government regulations, disasters or weather-related hazards, civil unrest, acts of terrorism, or any other emergency, making it inadvisable or impossible to hold the conference. MHCA will make every effort to inform participants of any cancellation as soon as possible to enable participants to cancel hotel and flight arrangements.

Application for Participation

Montana Health Care Association 2018 Annual Convention and Exposition

September 23 – 26, 2018 • **Exposition Date: September 24, 2018** • DoubleTree by Hilton Hotel Billings

Company Information
Please Print

Company Name _____

Name and Title of Contact _____

Mailing Address _____

City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Signature _____ Date _____

Representative Information (as it will be printed in the convention program)

Representative(s) attending convention, as name(s) should appear on name badge(s) _____

Mailing Address _____

City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Sponsorship
Application

Available Events (Contact MHCA if you would like the exclusive sponsorship for a specific event.)

Please check appropriate box:

- | | | |
|--|---|--|
| <input type="checkbox"/> Convention Notebooks (handouts) | <input type="checkbox"/> Monday Afternoon Break | <input type="checkbox"/> Tuesday Lunch |
| <input type="checkbox"/> Education Speakers | <input type="checkbox"/> Trade Show Reception | <input type="checkbox"/> Tuesday Afternoon Break |
| <input type="checkbox"/> Monday Morning Break | <input type="checkbox"/> Tuesday Morning Break | <input type="checkbox"/> Wednesday Morning Break |
| <input type="checkbox"/> Monday Lunch | | |

Sponsorship Amount

- ☐ Platinum (over \$1,500; includes complimentary exhibition booth)
☐ Gold (\$1,001 – \$1,500) ☐ Silver (\$501 – \$1,000) ☐ Bronze (\$500) ☐ Other \$ _____

Sponsorship Fee \$

Advertise

Full Page inside Convention Book (Size: 8.5 inches x 11 inches)

- ☐ Exhibitors/Sponsors: \$75 ☐ Non-exhibitors/Sponsors: \$250

Half Page inside Convention Book (Size: 8.5 inches x 5.5 inches)

- ☐ Exhibitors/Sponsors: \$45 ☐ Non-exhibitors/Sponsors: \$150

Ad must be submitted camera ready no later than August 31, 2018

Advertisement Fee \$

Finished convention book and ads are photocopied in black and white. Please plan accordingly when designing your ad.

Note: This is an application form, not a contract. Date of receipt of application by show management will affect space assignment priorities. MHCA reserves the right to make booth assignments. In order to hold your space, 50 percent of the amount due for the space must accompany this application. The balance is due by August 31, 2018. Space contracted for is to be used solely for the exhibitor whose name appears on this form. Exhibitor will not sublet or assign any portion of the same without the written consent of MHCA.

Exhibit Fees

The charge per booth, which includes two Monday reception tickets, is:

- ☐ Non-member Exhibitor: \$550
☐ MHCA Sponsor Member Exhibitor: \$400
☐ Please add \$250 for each multiple of base booth width
☐ Additional Monday reception tickets @ \$25 each

Exhibit Fee \$

List your choice of booth locations (see diagram) 1st _____ 2nd _____ 3rd _____ 4th _____

List companies you do NOT wish to be placed near _____

Principle products to be displayed (as you wish it to appear in the program listing) _____

Do you require electricity? ☐ Yes ☐ No

Door Prize: Will you give away a door prize (limit 1) during the Trade Show? ☐ Yes ☐ No

Additional Monday Reception Tickets (2 tickets included with registration) \$

TOTAL AMOUNT ENCLOSED \$

Exhibit Information and Fees

Payment

Please make checks payable to Montana Health Care Association

and return a copy of this application to MHCA at:
36 S. Last Chance Gulch, Suite A, Helena, MT 59601

Phone: 406 443 2876 • **Fax:** 406 443 4614

E-mail: skopec@rmsmanagement.com • **Website:** www.mthealthcare.org

For MHCA
Use Only

Date Received _____

Check # _____ Amount _____

Booth(s) assigned _____