

MAKING A DIFFERENCE

**2017
Annual Convention
& Exposition**

**Exhibit &
Sponsorship Invitation**

September 17–20, 2017
DoubleTree by Hilton Billings
Billings, Montana





Exhibit and Sponsorship Invitation

Montana Health Care Association 2017 Annual Convention and Exposition

September 17–20, 2017 • Exposition Date: September 18, 2017

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 2017 Annual Convention and Exposition, September 17–20, 2017.

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, \$119 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 28, 2017, 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 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 25 and August 25, 2017, 50% of the total cost of the space will be retained. No refunds will be made for cancellations after August 25, 2017.

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.

Tentative Exhibitors' Schedule

■ Sunday, September 17

Registration 6:00 – 8:00 pm

■ Monday, September 18

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 19

Registration 7:00 am – 5:00 pm

Education Sessions 8:00 am – 4:30 pm

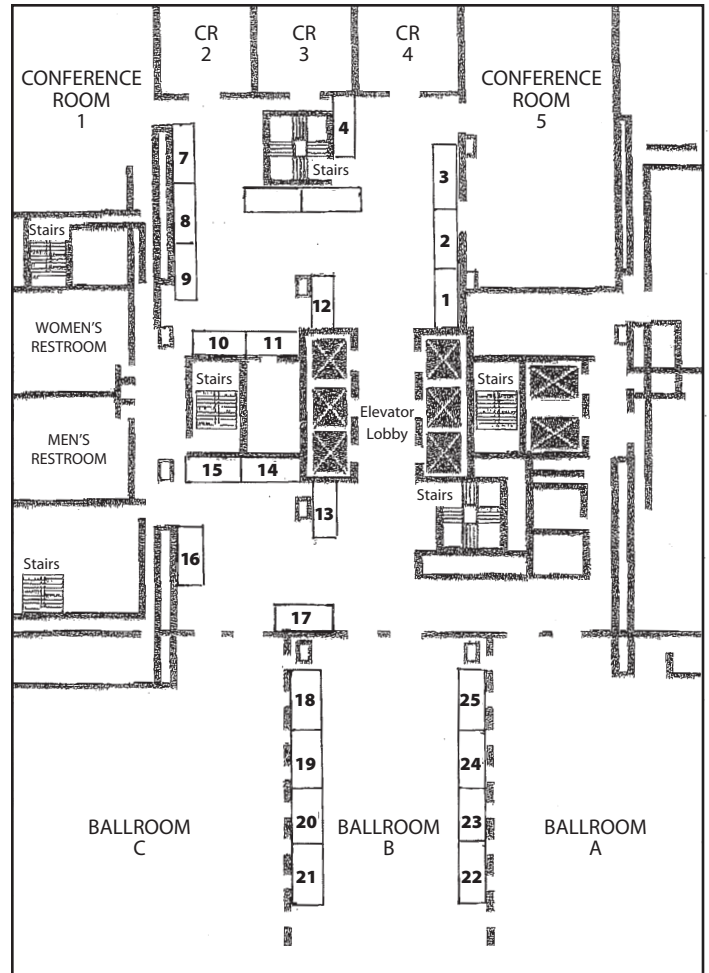
■ Wednesday, September 20

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 Billings, Billings, Montana
Booth space 10' wide by 6' deep

Rental Aide Center, Inc., (406) 248-8448



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: 5½ inches x 11 inches)

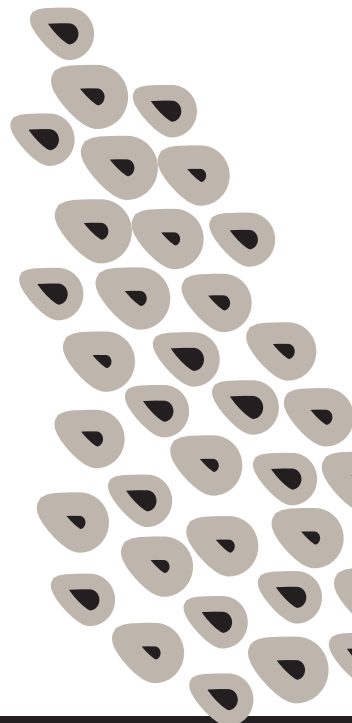
- Exhibitors/Sponsors \$45
- Non-exhibitors/non-sponsor vendors \$150

Camera-ready ad must be submitted no later
 than **August 18, 2017.**

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.*



Application for Participation

Montana Health Care Association 2017 Annual Convention and Exposition

September 17-20, 2017 • **Exposition Date: September 18, 2017** • Crowne Plaza Billings Hotel

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: 5.5 inches x 8.5 inches)

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

Ad must be submitted camera ready no later than August 18, 2017

Advertisement Fee \$

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

Exhibit Information and Fees

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 25, 2017. 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 \$

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 _____