

68th Annual Fall Convention

September 24–26, 2019

Convention Center and Sheraton Hotel, Sioux Falls, SD

South Dakota Strong



Leaders in Long Term Care

FALL CONVENTION EXHIBIT INFORMATION

The South Dakota Health Care Association (SDHCA) 68th Annual Fall Convention is the premier educational event for Long Term Care providers in South Dakota. It is a terrific opportunity for your company to exhibit as well as provide **sponsorship and increase your exposure!** To highlight your company, simply mark "Sponsorship Row" on your registration!

FALL CONVENTION DATES AND VENUE

The Fall Convention will be held September 24-26, 2019, at the Convention Center in Sioux Falls, South Dakota.

The Exhibit Show will be held on Wednesday, Sept. 25 and Thursday, Sept. 26. It begins Wednesday with a Social Hour and continues Thursday with a break in the morning and a lunch. These events will all take place in the exhibit area.

EXHIBIT LOCATION

The Exhibit Show will be held in Exhibit Hall 2. Meals and snacks for attendees will be co-located with the exhibit area to encourage attendees to interact with exhibitors.

EXHIBIT BOOTH SPECIFICATIONS

All exhibit booths will be **10' x 10' wide**. Each booth will be provided with a complimentary draped table and two chairs. A 110-volt outlet is provided; if a 220-volt is needed there will be an additional charge. Extension cords may be required and are the exhibitor's responsibility. Special electrical needs should be discussed with SDHCA well in advance of the exhibit show. Any other furniture or equipment needs besides the above listed is the responsibility of the exhibitor.

EXHIBIT HOURS

Wednesday, September 25:
4:30 – 6:00 PM Social Hour

Thursday, September 26:

9:30 – 10:30 AM Break
12:00 – 1:15 PM Lunch

DISPLAY STORAGE

The Convention Center will accept freight for storage a few days prior to the Convention. Exhibitors will need to make arrangements with Jen Swanson at the Convention Center at (605) 367- 7288.

EXHIBITOR DOOR PRIZES

As an exhibitor, you may give away a door prize at your booth. **Please indicate your door prize on your registration.** To be eligible to win, the attendees must sign up at your booth during the Exhibit Show. Exhibitors are responsible for providing sign-up slips. The drawings will be held throughout the Exhibit Show hours. SDHCA will announce your company's name and the winner next to your exhibit booth.

PAC DINNER

The SDHCA Political Action Committee (PAC) will be hosting a "PAC Dinner" on Wednesday, September 25 following the Social Hour. Exhibitors are welcome to attend the dinner as another opportunity to interact with attendees.

Please contact Brett at (605) 339-2071 or bretthoffman@sdhca.org for details or to RSVP.

SET UP & DISMANTLE TIME

Exhibitors will be able to set up their booths on Wednesday. The booths will be set up in Exhibit Hall 2 from **1:00 – 4:00 PM**. This is the time immediately preceding the Social Hour. (Note: The booths must be set up during this time, or you will need to contact SDHCA for special arrangements to set up the next morning. **There will be no set up allowed during exhibit hours**).

The booths will be dismantled on Thursday after the conclusion of the lunch at 1:15 PM.

EXHIBIT FEES

There are two exhibit options, offering two levels of visibility and price points. For either option, SDHCA Corporate Members receive the best value. All interested organizations are invited to become Members and utilize these savings, in addition to other benefits of SDHCA Corporate Membership.

The exhibit cost includes up to 4 people. We will need their information on your registration to create name badges with bar codes. Exhibitors are welcome to attend educational sessions and are eligible to receive continuing education credits for their attendance with their scanned SDHCA-issued badges. **See Rules and Regulations for additional details.*

Sponsorship Row:

Member Rates*:

<u>Early Bird:</u>	<u>Advanced:</u>	<u>After July 15:</u>
(July 1)	(July 15)	
\$1,550	\$1,600	\$1,650

Non-Member Rates:

<u>Early Bird:</u>	<u>Advanced:</u>	<u>After July 15:</u>
(July 1)	(July 15)	
\$2,100	\$2,150	\$2,200

Sponsorship Row receives a centrally located booth and ribbon indicating Sponsor status. This package includes signage indicating sponsorship of the snack break, located near Sponsorship Row. Sponsors also receive special recognition with logos included in event materials.

General Row:

Member Rates*:

<u>Early Bird:</u>	<u>Advanced:</u>	<u>After July 15:</u>
(July 1)	(July 15)	
\$775	\$825	\$875

Non-Member Rates:

<u>Early Bird:</u>	<u>Advanced:</u>	<u>After July 15:</u>
(July 1)	(July 15)	
\$1,400	\$1,450	\$1,500

General exhibitors retain excellent access to Convention attendees during the exhibit hours and are recognized in the Convention materials.

OTHER OPPORTUNITIES

“Sponsorships can increase the number of visitors to your booth by as much as 50%.”

-Center for Exhibition Industry Research

For organizations wishing for additional ways to reach SDHCA Members, please contact me for information regarding:

- Sponsoring a speaker*
- Sponsoring the lunch
- Premier mobile app sponsorship

*Rates vary based on the speaker. All speakers are chosen by the SDHCA Education Committee.

EXHIBIT INQUIRIES

If you have any questions about exhibiting or Sponsorship, please contact:

Leah Janssen,
Exhibit Coordinator
South Dakota Health Care Association
804 N Western Avenue
Sioux Falls, SD 57104
Phone: (605) 339-2071
leahjanssen@sdhca.org

68th Annual Fall Convention Exhibit Show

RULES AND REGULATIONS FOR EXHIBITING

1. **MANAGEMENT** - All arrangements for exhibits are to be made with the SDHCA office.
2. **BOOTH EQUIPMENT** - The price of the exhibit booth includes back and side drapes.
3. **SIGNAGE** - Each exhibitor is to provide signage identifying their company.
4. **FURNITURE** - One draped and skirted table and two chairs are furnished with your booth fee.
5. **ELECTRICITY**- Electricity will be provided if it is marked on the registration. **Electrical cords are the responsibility of the exhibitor.** A 110 volt outlet is available; if a 220 volt is needed, there may be an additional charge.
6. **SHIPPING** - All arrangements for shipping and receiving of materials must be made by the exhibitor directly with the management of the Convention Center, Sioux Falls, South Dakota.
7. **ASSIGNMENT OF SPACE** - Priority is given based on when the application is received. Refunds will be given if notified by **June 30, 2019, less \$250.00 administrative fee. Please include payment with registration if paying by check. Please contact the SDHCA office if you wish to pay by credit card.**
8. **EXHIBIT** - Management reserves the right to limit products/services displayed.
9. **LIABILITY** - It is agreed that any damage to walls, furniture, rugs or other Convention Center property shall be chargeable to the exhibitor liable for such damage. It is further agreed that the exhibitor shall indemnify and exempt the South Dakota Health Care Association and the Convention Center from all liability, which may ensue from any cause whatsoever. The SDHCA and the Exhibit Management shall not be held responsible for the safety of exhibits against fire, theft, or property damage or for accidents to exhibitors or their employees. Exhibitors should place their own insurance to cover all contingencies. SDHCA cannot be held responsible for any acts of God, whether it be weather, fire, mechanical failure or otherwise. No refunds or discounts will be given if the exhibitor cannot make it to the show.
10. **Rights of SDHCA** - SDHCA reserves the right to remove any exhibit which may detract from the general character of the Convention.
11. **EXHIBIT HOURS** - Exclusive times have been planned so that registrants may thoroughly visit the exhibits. All exhibits must be removed from the exhibit area after the lunch concludes at 1:15 PM on Thursday.
12. **EXHIBIT FEES**- Rates are based upon the **date the signed registration is received in the SDHCA office.** Membership must be paid current to receive Member rates on booth costs. If an exhibitor cancels its booth space, \$250 will be retained for administrative purposes. **No refunds will be issued after June 30, 2019.**

68th Annual Fall Convention Exhibit Registration

September 25-26, 2019

COMPANY _____

ADDRESS _____

CITY _____ STATE _____

PHONE (____) _____ ZIP _____

EXHIBITORS ("TBA" will not be accepted)

NAME _____ TITLE _____

NAME _____ TITLE _____

NAME _____ TITLE _____

NAME _____ TITLE _____

Description of the product/service of your company ("same" will not be accepted. Please provide new description, or none will be printed. If attaching, please send attachment at time of submission):

EVERY field on this form must be COMPLETE, or you will be asked to RESUBMIT with all necessary information.
 Please type or print all info in THIS BOX as it should appear in printed materials!

(For SDHCA use): Contact Name: _____

Email: _____ Phone: _____

Does your booth require electricity? No ____ Yes ____ (110 volt ____ 220 volt ____)

Will your booth have a door prize? No ____ Yes ____ (Please list item: _____)

I, on behalf of my company, hereby agree to exhibit as indicated on this form at the 68th Annual Fall Convention Exhibit Show on September 25, 26 2019. I agree there will be a **\$250.00 penalty for cancellations and that no refund will be issued after June 30, 2019.** I state further that I have read the attached Exhibitor Rules and Regulations on the next page and that I agree to contents thereof.

By _____ Date _____
 Authorized Signature

Name _____ Title _____
 Please Print

	Early Bird (July 1)	Advanced (July 15)	After August 1
Sponsorship Row (Member) <input type="checkbox"/> *	\$1,550.00	\$1,600.00	\$1,650.00
(Non-Member) <input type="checkbox"/> *	\$2,100.00	\$2,150.00	\$2,200.00
Premier Mobile App Sponsor (New!!) <input type="checkbox"/> *\$3,000.00			

	Early Bird (July 1)	Advanced (July 15)	After August 1
General Row (Member) <input type="checkbox"/> *	\$775.00	\$825.00	\$875.00
(Non-Member) <input type="checkbox"/> *	\$1,400.00	\$1,450.00	\$1,500.00

Office Use Only:
 Date COMPLETED Registration Received: _____
 Membership Renewal Month: _____
 Paid Current? (Y/N) _____

**Please do not send payment for your booth or sponsorship until you have been invoiced. RATES will be determined by the date we receive your COMPLETED registration and Membership status at the time of the event.*

SOUTH DAKOTA HEALTH CARE ASSOCIATION

804 N Western Avenue | Sioux Falls, SD 57104 | Phone: 605.339.2071 | Fax: 605.339.1354

REGISTRATIONS MUST BE COMPLETELY FILLED OUT TO QUALIFY FOR PRICING AS INDICATED ABOVE. INCOMPLETE REGISTRATIONS WILL NOT BE ACCEPTED. COMPLETED REGISTRATION MUST BE RECEIVED BY JULY 1, 2019 TO GUARANTEE BOOTH SPACE AND BE INCLUDED IN SDHCA MATERIALS.