



# **Illinois Nursing Home Administrators Association**

P.O. Box 483, North Aurora, Illinois 60543 \* 708-800-6161 \* Fax: 708-248-8078 \* E-mail: [sgardiner@inhaa.org](mailto:sgardiner@inhaa.org) Website: [www.inhaa.org](http://www.inhaa.org)

## **SIGN UP NOW FOR THE 2017 INHAA CONVENTION AND TRADE SHOW**

**Thursday, November 9 and Friday, November 10, 2017  
SPRINGFIELD CROWNE PLAZA**

*“The early birds catch the best booths.”*

INHAA membership consists of 500 plus Administrators and Nursing Directors representing more than 475 facilities in Illinois. Spend your time talking with decision-makers, not with other staff members without buying power.

Collect qualified leads  
Introduce new products or services  
Reinforce customer loyalty  
Enhance company image  
See the newest products  
Compare and evaluate competitive products  
Meet with technical representatives  
Ask questions and get solutions

Meet new prospects  
Open new markets and spot trends  
Check out competition  
Show industry support  
Learn about the latest advancements  
Visit with their regulation suppliers  
Build new contacts  
Attend educational sessions

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**The Entry Fee of \$750 is the most affordable in Illinois:  
one half to one third the cost of other healthcare associations**

Your “Entry Fee” includes these items:

Three totally dedicated Trade Show hours with refreshments and prize drawings on November 9-10  
10' x 8' exhibit booth  
6' skirted display table, two folding chairs and 7" x 44" booth identification sign  
Free listing in Convention and Trade Show Program  
Free list of convention registrants  
Exhibitors are given preferential consideration as convention speakers  
Exhibitors are welcome to attend educational sessions and obtains CEUs as part of the entry fee  
Two free breakfasts and lunches shared with the Administrators and Nursing Directors

***Don't Let your Business Lose Out on Your Share of the \$5 Billion Long Term Care Market in Illinois.***  
Illinois is home to more than 1,300 licensed long term care facilities with nearly 90,000 professionals and caregivers providing skilled nursing and rehabilitation to 80,000 frail elderly, active treatment to 5,000 persons with developmental disabilities, and recovery services to 12,000 persons with mental illnesses.

# Bonus Opportunity: Convention Promotional Sponsorships

In addition to having a booth, exhibitors can receive even greater exposure, recognition and added promotional value before, during and even after the Convention and Trade Show, through the INHAA Convention Promotional Sponsorships

## Platinum Sponsor - \$2,000

Your company name imprinted on canvas registration bags  
Name imprinted on 8 foot tall Exhibit Hall Tower  
One exhibit booth  
Full-page ad in the Convention Program  
Recognition in the December INHAA Advocate, the monthly newsletter, with links to your website  
Recognition at all INHAA 2017 Convention events (social mixer, luncheons, breakfasts, etc.)  
Opportunity to present at one of the sessions, if sponsorship received prior to March 1, 2017

## Gold Sponsor - \$1,000

Full-page ad in the Convention Program  
Name imprinted on 8 foot tall Exhibit Hall Tower  
Recognition in the December INHAA Advocate, the monthly newsletter, with links to your website  
Recognition at all INHAA 2017 Convention events (social mixer, luncheons, breakfasts, etc.)  
Opportunity to present at one of the sessions, if sponsorship received prior to March 1, 2017

## Silver Sponsor - \$500

Half-page ad in the Convention Program  
Name imprinted on 8 foot tall Exhibit Hall Tower  
Recognition in the December INHAA Advocate, the monthly newsletter  
Recognition at all INHAA 2017 Convention events (social mixer, luncheons, breakfasts, etc.)

## Bronze Sponsor - \$300

Quarter-page ad in the Convention Program  
Name imprinted on 8 foot tall Exhibit Hall Tower  
Recognition in the December INHAA Advocate, the monthly newsletter  
Recognition at all INHAA 2017 Convention events (social mixer, luncheons, breakfasts, etc.)

We would like to be a:      \_\_\_\_\_ Platinum Sponsor - \$2,000 \_\_\_\_\_ Gold Sponsor - \$1,000  
   \_\_\_\_\_ Silver Sponsor - \$ 500      \_\_\_\_\_ Bronze Sponsor - \$300

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Credit Card # (MasterCard or Visa ONLY) \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print Cardholder Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Amount \_\_\_\_\_ Today's Date \_\_\_\_\_

Mail Checks to: Illinois Nursing Home Administrators Association, PO Box 483, North Aurora, IL 60542 Credit card payments can be faxed to 708-248-8078 Phone: 708-800-6161 Website: [www.inhaa.org](http://www.inhaa.org) Email: [sgardiner@inhaa.org](mailto:sgardiner@inhaa.org). Our FEIN Number is 37-1219674.

Illinois Nursing Home Administrator's Association

# 2017 ANNUAL CONVENTION AND TRADE SHOW

November 9-10, 2017 • Crowne Plaza • Springfield, Illinois

This application, and the following terms and conditions, serve as a Contract Agreement between Exhibitor and INHAA.

**PLEASE PRINT**

COMPANY \_\_\_\_\_  
CONTACT NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

List information as it should read in the Convention/Trade Show Program Book if different than above.

COMPANY \_\_\_\_\_  
CONTACT NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_, STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ WEBSITE \_\_\_\_\_  
E-MAIL \_\_\_\_\_

Attach or include a short description of your company services or products as it should read in the Trade Show Program:

Avoid being placed next to your competitor; list the businesses that you would consider your competitors:

**EXHIBIT FEES AND BOOTH SELECTION**

Each booth is \$750. I wish to reserve \_\_\_\_\_ booth(s). Total amount due is \_\_\_\_\_.

My preferences for exhibit location: \_\_\_\_\_ 1st Choice; \_\_\_\_\_ 2nd Choice; \_\_\_\_\_ 3rd Choice; \_\_\_\_\_ 4th Choice.

**PAYMENT TERMS AND OPTIONS**

Full payment must accompany the application. Space cannot be confirmed until full payment is received. Exhibit space canceled on or after October 9, 2017 is not refundable. Prior to October 9, 2017, a \$100 cancellation fee will be retained by INHAA.

My check made payable to INHAA in the amount of \$ \_\_\_\_\_ is enclosed. Date \_\_\_\_\_

Credit Card payment in the amount of \$ \_\_\_\_\_ MasterCard and Visa **ONLY – NO AMEX**

Card # \_\_\_\_\_ Print cardholder name: \_\_\_\_\_

Exp. Date \_\_\_\_\_ Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Terms and Conditions:** By signing below you are confirming that you have read, understood and agreed to the "Terms and Conditions" as follows:

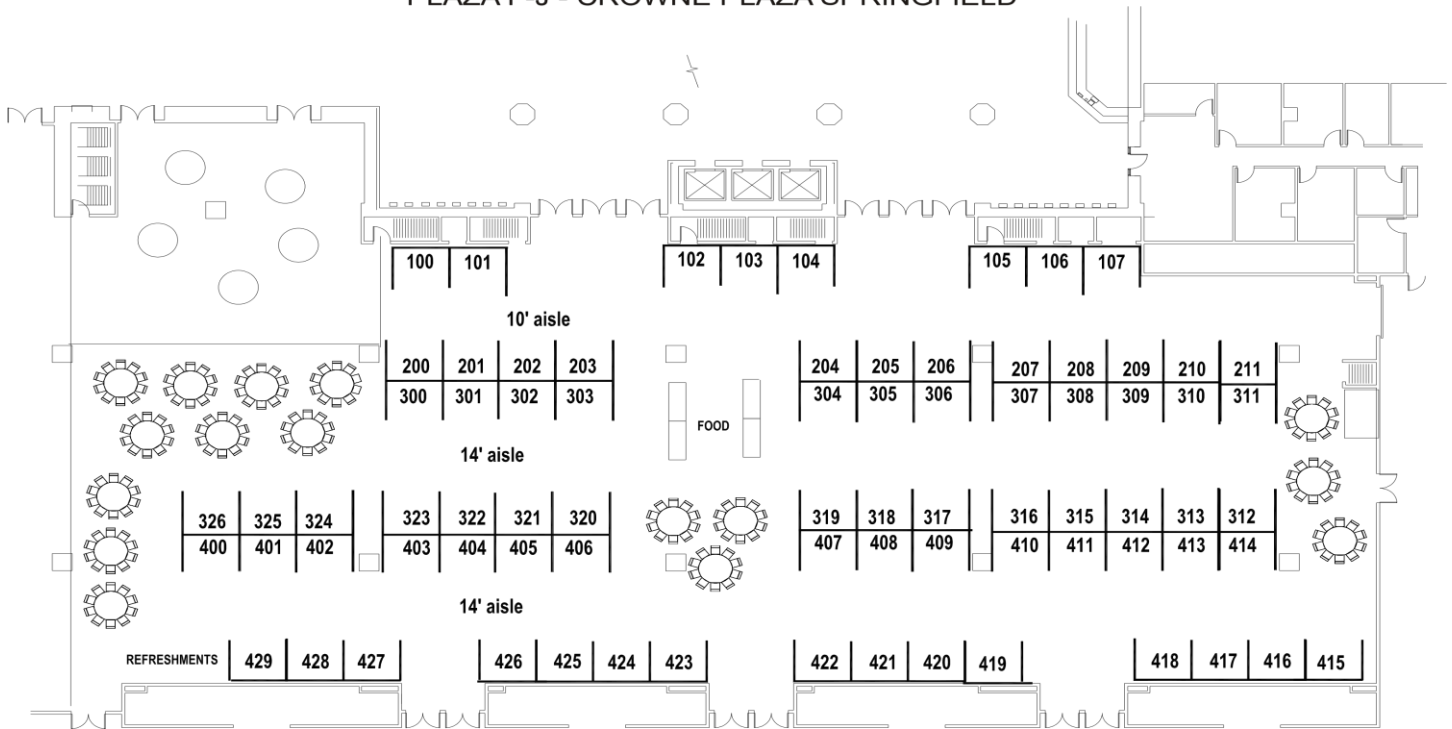
Exhibiting company listed above agrees to be solely responsible for any claims arising out of the negligence of its own officers, agents and employees and to indemnify and save harmless INHAA from any such claim or claims. The above exhibiting company also agrees to provide its own general liability insurance coverage and to provide in addition thereto worker's compensation, vehicle, premises and products liability for the exposition.

Fee includes one 10' x 8' exhibit space with 8' back and 3' side drapes, one 6' skirted table, two folding chairs, one 7" x 44" booth identification sign, breakfast and lunches for 2 people and free attendance at educational sessions. INHAA reserves the right to accept or reject any application for exhibit space; to assign or re-assign exhibit space as deemed appropriate to the best interest of the show; to govern the construction, arrangement and appearance of exhibitor displays; and to control or prohibit any exhibit deemed not appropriate. Exhibitors must adhere to the rules and regulations set forth by INHAA and Crowne Plaza; and must also comply with all applicable federal, state and local laws. Exhibitors violating any regulation may be excluded from future Expositions. Exhibitors must carry off-premises general liability insurance to cover any damage, theft or vandalism to merchandise and/or equipment. A certificate of this coverage should be provided to INHAA. Subletting or sharing of exhibit space is not permitted unless approved in advance by INHAA. Advance shipments from exhibitors must be sent to Excel Decorators Inc. Exhibitors who forward shipments to Crowne Plaza or INHAA will assume the cost for removal of such shipments. No displays are to be dismantled prior to the official closing time. All motorized vehicles must have a piece of plastic, cardboard or other means to protect the floor of Crowne Plaza from motor oil drips. Batteries must be disconnected. Gas tanks must be drained and taped. All merchandise that is on the Exposition premises is at the exhibitor's responsibility and risk. Nothing shall be posted, tacked, nailed or otherwise affixed to the walls, floors or other parts of Crowne Plaza. No tape, markers or paint is allowed on the floor of Crowne Plaza. Signs or displays are prohibited in any of the public rooms or elsewhere on the premises of Crowne Plaza unless approved by INHAA. No cartons, boxes or crates may be stored in the booth area, aisles or exits during Exposition hours. Aisle space may not be used for exhibit demonstration, displays of signs, solicitation or distribution of cards, circulars, samples or other promotional materials. All booths must be properly staffed whenever the Exposition is open. All matters and questions not covered by the preceding terms and conditions are subject to the decision of INHAA. INHAA shall have sole authority to promulgate, interpret and enforce terms and conditions; and to make any amendments as shall be necessary for the orderly conduct of the Exposition.

Signature \_\_\_\_\_ Title: \_\_\_\_\_

**MAIL APPLICATION AND CHECK TO: INHAA, P. O. Box 483, North Aurora, IL 60542 \* Phone: 708-800-6161  
Credit Card payment can be faxed to 708-248-8078 \* Email: sgardiner@inhaa.org**

77 - 10'X 8' BOOTHS  
 PLAZA F-J - CROWNE PLAZA SPRINGFIELD



**2017 Available Booths**  
**9-18-17**

**201-210-211**

**307-308-310-311-312-313-315**

**400-401-402-404- 409-410-411-412-413-414-415-416-417-418-420-429**