

# COCSA Convention 2018 Austin, TX - Nov. 1- 3, 2018

## A La Carte Sponsorships

(Select from the following)

## EXHIBIT ONLY APPLICATION

- Inserts in Registration Bags - \$300.00
- Digital Inserts on Mobile App - \$300.00
- Both above inserts - \$500.00 value package
- Game Participation - \$250.00
- Welcome Reception/Dinner Ticket - \$100/pp. Attendee name \_\_\_\_\_
- Additional Vendor Registration Fee (each additional company representative over two ) - \$300.00/pp includes all weekend meals excluding Thursday evening Welcome Reception/Dinner  
Attendee name \_\_\_\_\_

## General Exhibitor - \$1,350.00

Exhibit Booth Only

- COCSA Vendor Members (Basic, Preferred and Ally) receive 10% discount on Booth Only fee.

## Exhibit Booth includes:

- One (1) 6' draped table, two (2) chairs, trash can.
- Electrical and AV options available through hotel - not included
- Exhibitor listing and contact information in the convention program guide received by all attendees
- Directory listing of convention attendees
- All weekend meals included for two (2) company representatives (excluding the Thursday evening Welcome Reception/Dinner). Additional tickets can be purchased a la carte (see "A La Carte Sponsorships" above).

**Release:** To the fullest extent legally permissible, Exhibitor agrees:

- It shall be fully responsible to pay for any and all damage to property owned by Hotel, Hyatt Corporation or their affiliates or any of their respective owners or managers that results from any act or omission of Exhibitor
- to defend, indemnify and hold harmless, Hotel and Hyatt and their respective owners, managers, officers or directors, agents, employees, subsidiaries and affiliates, from any damages or charges resulting from Exhibitor's use of the property; and
- its liability shall include all losses, costs, damages, or expenses arising from, out of, or by reason of any accident or bodily injury or other occurrences to any person or persons, including the Exhibitor, its agents, employees, and business invitees.

Signature \_\_\_\_\_

All convention and exhibit event times will be included in Exhibitor confirmation packet. Times subject to modification. All food and breaks will take place within or close to the Exhibit Hall to maximize your company's exposure and networking one-on-one with the leaders of the chiropractic profession.

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

Primary Company Contact \_\_\_\_\_

Company Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Web \_\_\_\_\_

Total \$ \_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Security code \_\_\_\_\_

Representative Name(s)/Titles attending (1) \_\_\_\_\_

(2) \_\_\_\_\_

A credit card number MUST be included on this form for exhibit space.

Fill out and return this page to:

COCSA • 699 June Drive, Molalla, OR 97038

(503) 922-2933 • fax (316) 633-4455 • elizabeth@cocsa.org