

**2019 Spring Conference – Opportunities/Registration for Exhibitors/Sponsors - Thursday, April 4, 2019**

***For customized packages to meet your budget and company needs,  
 contact Claire Frisbie, DC at 860.257.0404, [ctchiroassociation@gmail.com](mailto:ctchiroassociation@gmail.com)***

<b>Exhibitor</b>	<b>Price</b>	<b>X</b>	
<b>Exhibitor Benefits:</b> <ul style="list-style-type: none"> <li>➤ Exhibit Space - including 1 skirted table, 2 folding chairs and signage. Electrical access is available upon request.</li> <li>➤ All meals and break refreshments for 2 representatives.</li> <li>➤ Company listing &amp; Website link in CTChiro Event App</li> <li>➤ Event App Flash Banner Ad (artwork supplied by advertiser)</li> <li>➤ Register in App &amp; upload documents/brochures for Event App users</li> <li>➤ 1 Push Notification of your choice to all attendees during conference (message sent to all attendees using the downloaded app).</li> <li>➤ Business logo on CT Chiro Website for a term of one month &amp; posted at Conference</li> <li>➤ Thank you in the CT Chiro Connections newsletter.</li> <li>➤ Complimentary WIFI (wireless) internet. (Please note this service is not secure.</li> <li>➤ Additional Push Notifications are available at additional cost.</li> <li>➤ Exhibitor has option of giving a brief luncheon hello/welcome from podium.</li> </ul>	\$600.00	X	
<b>Registration Packet Insert (supplied by advertiser)</b>	\$150.00		
<b>Sponsorship Packages</b>	<b>Exhibitor</b>	<b>Nonexhibit</b>	
<b>Sponsorship includes:</b> <ul style="list-style-type: none"> <li>➤ Signage at selected station/event.</li> <li>➤ Upgrade to Ad with Thank you in CTChiro Connections weekly electronic newsletter.</li> <li>➤ Recognition for sponsorship in push notification reminder of session.</li> <li>➤ Recognition for sponsorship by MC at beginning of session.</li> <li>➤ Registration Packet Insert (printed pieces supplied by advertiser)</li> </ul>	<b>plus all exhibitor benefits</b>		
Educational Speaker Sponsor	Exclusive	SOLD	SOLD
Breakfast Sponsor	Shared	\$900.00	\$400.00
	Exclusive	\$1,400.00	\$1,000.00
Luncheon Sponsor	Shared	\$1,500.00	\$1,000.00
	Exclusive	\$2,900.00	\$2,500.00
Educational Refreshment Break Sponsor	Shared	\$1,000.00	\$500.00
<b>Event App Flash Banner Ad (supplied by advertiser)</b>		\$100.00	
<b>Off-Site Advertising Package</b> <ul style="list-style-type: none"> <li>➤ Registration Packet Insert (printed pieces supplied by advertiser)</li> <li>➤ Company listing &amp; Website link in CTChiro Event App - Register in App &amp; upload documents/brochures for Event App users</li> <li>➤ Flash banner ad in Event App (artwork supplied by advertiser)</li> </ul>		\$300.00	

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**Name of Organization** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Website \_\_\_\_\_

**Individual designated as Authorized Representative (will receive all official correspondence):**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Product or Service \_\_\_\_\_

**Individual(s) authorized to attend conference on behalf of company:**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Check off choice(s) on previous page. Total cost** \_\_\_\_\_

**Exhibitor requirements:** All booths will have access to non-secure Wifi service.

Do you require Electricity at your booth? Yes / No Floor Mounted displays? Yes / No

Will you be bringing additional equipment? Yes / No If yes, what will you be bringing? \_\_\_\_\_

**Additional Information:**

Drawings will be held. Would you like to contribute a raffle item? Yes / No

If yes, what are you providing? \_\_\_\_\_

There is no additional charge to participate in the raffle, Please, bring the item with you to the conference.

To register/pay online, please visit our website [www.CTChiro.com](http://www.CTChiro.com)

Have questions? Need help registering? Please call 860.257.0404

To register by mail, send completed registration form with payment to: **CT Chiropractic Association  
P.O. Box 785,  
Portland, CT 06480**

To register by fax with credit card, please fax to 860.257.0406

**Credit Card Payment Information:**

Amount: \_\_\_\_\_

Card Type: \_\_\_\_\_ Card Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CRV: \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street City State Zip

Signature of Card holder/ Authorized user

**Fire, Safety, and Health regulations must be followed.**

**Connecticut Chiropractic Association assumes no liability for damage, loss or injury.**

Agreement authorized by \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ (signature)