Annual Conference Sponsorship and Exhibitor Opportunities

The Hospice & Palliative Care Network of Maryland (HPCNM) invites you to partner with us for our 2019 Annual Conference scheduled for November 6, 2019 at the Maritime Conference Center in Linthicum, MD. Our conference is an excellent opportunity for you to cultivate and strengthen relationships and showcase your products and services. We look forward to seeing there!

**Exclusive Overall Presenting Sponsor—$10,000**
- Five conference registrations
- Two exhibitor tables
- Recognition in conference program
- Two-minute commercial during the event
- Podium recognition
- Logo on all promotional materials
- Logo promotion with link to your website in the Tuesday Tidbits
- Attendee list for one-time use

**Conference Bag Sponsor—$2,500**
- Bags with your logo to be distributed to each attendee
- One conference registration
- One exhibitor table
- Podium recognition
- Logo in conference program
- Logo on event signage
- Attendee list for one-time use

**Lanyard Sponsor—$2,000 ***RESERVED*****
- Distribution of a lanyard with your logo to each conference attendee
- One conference registration
- One exhibitor table
- Logo in the conference program
- Logo on event signage
- Attendee list for one-time use

**Annual Conference Exhibitor Members—$950 Nonmembers—$1,100**
- One exhibitor table
- Two exhibitor registrations
- Your organization’s listing in the Conference Program and on event signage
- Attendee list for one-time use
- Thank you recognition in the Tuesday Tidbits

Additional Opportunities
- Bag Inserts—$500
- Event Pens with Your Logo—$700
- Coffee Mugs w/Your Logo—$900

**Keynote Speaker Sponsor—$5,000**
- Invitation to introduce the keynote speaker
- Two conference registrations
- One exhibitor table
- Podium recognition
- Logo on all promotional materials
- Recognition in the conference program
- Attendee list for one-time use

**Audio Visual Sponsor—$2,500**
- One conference registration
- One exhibitor table
- Your logo displayed on the screen in each classroom prior to the session start
- Your logo in the conference program
- Logo on event signage
- Podium recognition
- Attendee list for one-time use

**Breakfast/Lunch Sponsor Members—$1,000 each Non-Members—$1,200 each**
- One conference registration
- Podium recognition
- Recognition in the conference program
- Buffet table signage

**Break Sponsorship Members—$900 Nonmembers—$1,200**
- Buffet Table signage during both breaks
- Recognition in the conference program
- Attendee list for one-time use

**Who will be there?**
- Administrators
- Bereavement Coordinators
- Counselors
- Chaplains | Spiritual Care Providers
- CNAs | Home Health Aides
- CEOs | CFOs | Executive Directors
- DHMH Staff
- Nurses
- Pharmacists
- Physicians
- Social Workers
- Therapists
- Volunteers
- Volunteer Managers
Confirmation of participation as a Sponsor/Exhibitor at the HPCNM Annual Conference scheduled for November 6, 2019

Contact Name

Company

Address City State Zip

Phone Email Product or Service

I will participate in the Annual Conference as an:

☐ *Annual Conference Sponsor
    Name of organization as you would like it to appear in promotional materials:
    Type of Sponsorship: ___________________________ Amount Due: ___________________________
    Representative Name: ___________________________ Title: ___________________________
    Primary Email ___________________________ Primary Phone: ___________________________

☐ *Annual Conference Exhibitor
    Name of organization as you would like it to appear in promotional materials:

    Representative Name/s that will attend (limit of two)__________________________
    Primary Email ___________________________ Primary phone ___________________________
    Product/Service: __________________________________________________________________________________
    Do not place us near: ___________________________ Electricity needed? ☐ No ☐ Yes

Payment Information:

Total amount Due: ___________________________

Check enclosed (payable to HPCNM)

Charge: ☐ Visa ___________________________ ☐ MC ___________________________ ☐ AMEX ___________________________

Name on card: ___________________________

Card number: ___________________________ Expiration Date ___________________________

Pin Number (back of card) _____________ (if you prefer we call to receive this number, check here _____________

Signature: ___________________________

Please mail this completed form to: HPCNM | 201 International Circle | Suite 230 | Hunt Valley, MD 21030, or scan and email to peggy.funk@hnmd.org For more information call 410.891.5741.

*Annual Sponsorship/Exhibitor Conference Reservation Information: To guarantee inclusion in the Conference Program, sponsorships/exhibit space must be reserved and payment received by September 1, 2019.
The following Guidelines govern the exposition under the auspices of the Maryland Hospice & Palliative Care Network of Maryland (HPCNM) and are incorporated into and made part of the contract for exhibit space. These Guidelines have been formulated in the best interest of the Conference exhibits and exhibitors, and we respectfully request full cooperation in following these Guidelines.

**Exhibit Space:** Exhibit space is approximately 10’ x 8’ and includes one table and two chairs.

**USE OF SPACE/DISPLAY HEIGHTS:** Exhibitors must arrange their exhibits so they do not obstruct other exhibits. Aisles must be clear and exhibits arranged so attendants are inside of the space assigned. Exhibit height or signs may not exceed 10’ without permission of the HPCNM.

**EXHIBIT MANAGEMENT:** No space subletting is allowed. All materials used for decoration such as paper, cardboard, cloth, etc. must be nonflammable or treated for fire prevention by an approved method. Under no circumstances will hand drawn signs, posters, etc., be allowed. Repair of any damages in connection with improper posting or use of improper materials will be at the expense of the exhibitor.

**SPACE ASSIGNMENT:** All applications for space are subject to approval by HPCNM. Assignment of space location will be at the discretion of the HPCNM Exhibit Management; however management will consider the exhibitor’s request on this application, along with date received, HPCNM membership and seniority. While all products and services are welcome; an effort will be made to showcase a variety of available resources. With this policy in mind, HPCNM reserves the right to limit the number of similar-type services being displayed. Show Management reserves the right to change location assignments at any time, as it may deem necessary.

**USE AND CHARACTER OF EXHIBITS:** Each exhibitor shall display or exhibit only articles of merchandise of said exhibitor’s own manufacture or for which said exhibitor is the representing agent. HPCNM reserves the right to judge the appropriateness of any exhibit and to decline to permit an exhibitor to conduct or maintain an exhibit if proposed exhibit shall in any respect be deemed unsuitable. This reservation relates to persons, conduct, articles of merchandise, printed matter, souvenirs, catalogs, and any and all other things, without limitation, that may affect the character of the exposition.

**CANCELLATIONS:** Written requests for cancellations received 30 days before move-in, will be honored with a refund, less a $150 handling charge. No refunds will be issued after this date. **ONLY WRITTEN REQUESTS FOR REFUND WILL BE CONSIDERED.**

**HPCNM CONFERENCE REGISTRATION AND BADGES:** A conference registration brochure will be sent to exhibitors as soon as it is available. Each exhibitor is limited to **two badges** per space unless otherwise agreed on.

**SECURITY:** HPCNM does not provide special security to the exhibition area during the closed hours. HPCNM will not be liable for damage or loss to exhibitor’s properties through theft, fire, accident or any destructive cause, whether the result of negligence or otherwise.

**SALES AND ADVERTISING RESTRICTIONS:** Exhibitors will conduct their business activities in an exemplary professional manner and shall be solely responsible for possession of a valid State Seller’s Permit if taxable sales will occur. Exhibitor shall collect and remit any sales or other taxes imposed on them by virtue of their use of the space hereunder. No printed materials are to be posted outside the exhibitor’s assigned space.

**SOLICITATION OF BUSINESS:** Distribution of materials from space to space or in the aisles is forbidden and exhibitors must confine their activities within the spaces for which they have contracted. All such materials must be related strictly to the products and/or services on display or directly available from the exhibitor.

**LIABILITY:** The exhibitor assumes the entire responsibility and liability for losses, damages and claims arising out of injury or damage to exhibitors’ displays, equipment, and other property brought upon the premises, and shall indemnify and hold harmless the Hospice & Palliative Care Network of Maryland and Maritime Institute of Technology.

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**Exhibitor’s Signature:**

_____________________________________________________

**Date:**

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**Title:**

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