

Sponsorship Options



CALIFORNIA
HOSPITAL
ASSOCIATION

Center for Post-Acute Care

Creating Care Partnerships: Beyond the Continuum
March 2 – 3, 2020, The Westin Pasadena

Why sponsor? Sponsors gain direct access to key decision makers of medical rehabilitation and distinct-part skilled-nursing facilities.

What's the display space like? Sponsors will have a tabletop in the foyer outside the education session room.

Who are our attendees? Acute and post-acute care professionals working in long-term care facilities, skilled nursing facilities, medical rehabilitation and home health services including: chief financial officers, chief operating officers, chief nursing officers, strategic planners, care coordinators, case management, discharge planning, and strategy transformation.

How many attend? Approximately 100+ participants each year.



Select Your Level

Benefits	Platinum Sponsor \$4,500	Gold Sponsor \$3,500	Silver Sponsor \$2,500
Exclusive sponsor of keynote, reception or luncheon	√		
Full color ad and company description	2	1	1
Conference registrations	4	3	2
Company logo on: website and marketing emails	√	√	√
Conference attendee list	√	√	√
Exhibit table with electricity	√	√	√
Attendance at the Welcome Reception on Monday, March 2	√	√	√

Additional Fees

\$510 Registration for *each additional* representative

Where and When

March 2 – 3, 2020

The Westin Pasadena

191 N. Los Robles Ave
Pasadena, CA 91101

Contact

Lisa Hartzell

Director, Education Operations

(916) 552-7502

lhartzell@calhospital.org

www.calhospital.org/sponsors-exhibitors

CHA reserves the right to decline sponsorship applications.

Exhibit Rules



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Space Assignments

Assignment of tables will be made by the California Hospital Association (CHA) based on the following criteria: sponsorship level, order in which reservations are received, number of tables purchased, suitability and availability of locations.

Space and Services Included in Fee

Space charge is included in sponsorship fee. Items provided are: draped 6-foot table, 2 chairs, table-tent card with company name. Sponsors are also listed in the conference program with a description of up to 75 words.

Exhibit Refund Policy

Exhibit fees are NON-REFUNDABLE.

Preliminary Exhibit Dates and Hours

(Dates/Times are approximate and subject to change)

Monday, March 2

Set-up: 11:00 a.m. – 12:00 p.m.

Viewing: 12:00 – 5:00 p.m.

Reception: 5:00 – 6:00 p.m.

Tuesday, March 3

Viewing: 7:30 a.m. – 1:15 p.m.

Dismantling: 1:15

Exhibit Set-up and Clean-up

Set-up of exhibits must be completed and ready for inspection by **12:00 p.m. on Monday**. No set-up work will be permitted after this time without specific permission from CHA. Exhibitors are prohibited from dismantling their exhibits until the designated tear-down time of **1:15 p.m. on Tuesday**. It is the responsibility of the exhibitor to remove all materials from the exhibit area on Tuesday.

Admittance to the Conference

Exhibit hall admittance is limited to conference attendees and company representatives who have contracted and paid for exhibit space.

Eligible Exhibits

CHA reserves the right to refuse rental of display space, exhibit, or any part of an exhibit to any company.

Exhibitor Raffle

Exhibitors will have an opportunity to give prizes to the attendees. Each exhibitor is limited to two raffle prizes minimum value of \$100 is recommended.

How the Prize Drawing Works!

Each attendee will be given an exhibit tour card with a list of each participating vendor. To enter and win a prize, the attendee must receive a sticker (CHA will provide stickers) from all vendors. Once they have visited each vendor they can enter the completed card in the raffle prize basket. **The raffle drawing will be held at the end of lunch on Tuesday, March 3.** A CHA representative will draw the winner of your prize. The attendee must be present to win and CHA will provide the winner's contact information to the donating exhibitor.

Fire and Safety

All flammable materials must be flame proofed before being placed in the exhibit area. All materials and installations are subject to the fire and safety regulations in force by state and/or city fire authorities. Exhibitors must provide certification of flame proofing if requested by show management or the fire department. Volatile or flammable fluids, substances or materials of any nature are prohibited in any booth.

Social Functions

Social functions sponsored by exhibitors must not be scheduled during exhibit hours or during the CHA education program. Any function not approved by CHA that would compete for attendees' time, either during the hours of the exhibition or hours of educational sessions, general sessions or programs is prohibited.

Security

Exhibitors are responsible for any valuables at their booth. Security guards will be present at all times.

Sponsor Checklist



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March 2 — 3, 2020, Pasadena, CA

Please provide the following by February 10, 2020

- Sponsorship fees—make checks payable to CHA/CAHHS or provide Visa, MasterCard or American Express number with expiration date.
- Company logo in high resolution .jpeg file format.
- Artwork for a full color advertisement in the conference rotating PowerPoint slides.
Dimension of ad: 13"w x 10"h. Ad submitted as a .jpeg file.
- A short description of your organization (75 words or less) for inclusion on the conference resource webpage.
- A description of your tabletop, dimensions, and product(s) being displayed.
- A description of items you may wish to contribute for the Exhibit show raffle prize drawing.
**minimum value of \$100 is recommended*

All materials can be submitted via email: lhartzell@calhospital.org • Fax: 916-552-7506
Mail: CHA, Education Department, 1215 K Street, Suite 800, Sacramento, CA 95814

Hotel & Exhibit Information

- Make hotel reservations to receive the reduced rate of \$194/night. Call The Westin Pasadena at (866) 837-4181 and make sure to mention the **California Hospital Association**. The deadline for the discounted rate is **February 10**.
- Exhibit area includes one draped, 6 ft table, (2) chairs and a name tent listing your company's name.
- Shipping information: Packages must arrive **no sooner than February 26, 2020**.

Ship to: The Westin Pasadena

Event Name/Date: California Hospital Association; March 2 – 3, 2020
ATTN: Bobby Elasser, Convention Services
191 N. Los Robles Ave
Pasadena, CA 91101

*Please include your company name on the shipping label so the hotel knows to look out for your package.

Exhibit Schedule - Exhibit schedule is tentative and subject to change.

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- **Dismantling:** 1:15

Application



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Submit Completed Application to:

Fax: (916) 552-7506
E-mail: lhartzell@calhospital.org
Mail: California Hospital Association
Education Department
1215 K Street, Suite 800, Sacramento, CA 95814
Questions: Lisa Hartzell, (916) 552-7502

Select Your Level

- Platinum Sponsor (\$4,500) Silver Sponsor (\$2,500)
 Gold Sponsor (\$3,500) Additional Registration (\$510)

Amount to be Billed: \$ _____

Billing Information

- VISA MC AMEX

Name on Card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Authorizing Signature: _____

**Make checks payable to "CAHHS/CHA"*

Attending Representatives

Please list exactly as you wish it to appear in conference program.

Representative #1: _____

Title: _____

Telephone: _____

E-mail (required): _____

Representative #2: _____

Title: _____

Telephone: _____

E-mail (required): _____

Company Information

Please list your company name as you wish it to appear in marketing materials.

Company: _____

Contact Name/Title: _____

Address: _____

Telephone: _____

E-mail: _____

Company web address: _____

Please provide a brief description about your company. This description will be used in marketing materials. Please adhere to 75 words. CHA reserves the right to alter your description for marketing purposes.

Please list special request consideration in table assignments (e.g., companies you do not wish to be located next to). List specific company names, not products or services. CHA cannot guarantee requests will be met but will make every effort to accommodate them.

Representative #3 (Gold/Platinum Sponsors Only): _____

Title: _____

Telephone: _____

E-mail (required): _____

Representative #4 (Platinum Sponsors Only): _____

Title: _____

Telephone: _____

E-mail (required): _____

Authorization

Exhibitor assumes responsibility and agrees to indemnify and defend the California Hospital Association and The Westin Pasadena and their respective employees and agents against any claims or expenses arising out of the use of the exhibition premises. The Exhibitor understands that neither the California Hospital Association nor The Westin Pasadena maintains insurance covering the Exhibitor's property, and it is the sole responsibility of the exhibitor to obtain such insurance. Our company shall be bound by the terms and conditions in the Exhibitor Rules information material.

Authorized Signature: _____ Date: _____