Sponsorship Options



Behavioral Health Care Symposium December 5 — 6, 2022, Mission Inn Hotel & Spa and Riverside Convention Center

Why sponsor? Participants gain direct access to key decision makers of acute, inpatient and outpatient psychiatric and substance abuse health care providers.

What's the display space like? Sponsors will have a tabletop display for 2 days inside the educational session room.

Who are our attendees? Executives of behavioral health care facilities including: Chief Executive Officers, Psychiatric Administrators, Psychiatric Units/Facilities Directors, Chiefs of Nursing, Nurse Directors and Managers, Clinical Directors, ED Directors, Social Workers, Psychiatrists and Psychologists.

How many attend? Approximately 250+ participants each year.



Select Your Level of Support

Benefits	Platinum Sponsor \$4,500	Gold Sponsor \$3,500	Silver Sponsor \$2,500
Exclusive promotion of keynote, reception or luncheon	1		
Color ad in rotating PowerPoint slides shown at the Behavioral Health Care Symposium	1	1	1
Complimentary symposium registrations	4	3	2
Company logo on Behavioral Health Care Symposium website	1	J	J
Symposium attendee list	1	1	1
Exhibit table with electricity in educational session room	1	1	1

Additional Fees

\$550 (Mon./Tues. only) Registration for each additional representative

Where and When

December 5 -6, 2022

Mission Inn Hotel & Spa (Host Hotel)

3649 Mission Inn Avenue Riverside, CA 92501

Riverside Convention Center (Symposium & Exhibit Viewing)

3637 Fifth Street Riverside, CA 92501

Contact

Lisa Hartzell

Director, Event Management (916) 552-7502 Ihartzell@calhospital.org https://calhospital.org/sponsorship-and-exhibiting-cha-events/

Exhibit Rules



Behavioral Health Care Symposium December 5 — 6, 2022, Mission Inn Hotel & Spa and Riverside Convention Center

Space Assignments

Assignment of tables will be made by the California Hospital Association (CHA) based on the following criteria: exhibitor 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 exhibitor fee. Items provided are: draped 6-foot table, 2 chairs, table-tent card with company name. Exhibitors 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

(Date/Times are approximate and subject to change)

Location: Riverside Convention Center

Monday, December 5

Set-up: 7:00 a.m. – 8:00 a.m. Viewing: 8:00 a.m. – 4:45 p.m.

Tuesday, December 6

Viewing: 7:30 a.m. – 4:00 p.m. Dismantling: 4:00 p.m.

Exhibit Set-up and Clean-up

Set-up of exhibits must be completed and ready for inspection by **8:00 a.m. on Monday, December 5**. 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 **4:00 p.m. on Tuesday,**

December 6. It is the responsibility of the exhibitor to remove all materials from the exhibit area on Tuesday.

Admittance to the Symposium

Exhibit admittance is limited to symposium 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 will take place at the end of the symposium. A CHA representative will ask you to come up and 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 table.

Exhibitor Checklist



Behavioral Health Care Symposium December 5 — 6, 2022, Riverside Convention Center

Please provide the following by November 11, 2022

- Exhibit 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 rotating in exhibit area.
 Dimension of ad: 13"w x 10"h. Ad submitted as a .jpeg file.
- A short description of your organization (75 words or less).
- 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
Mail: CHA, Education Department, 1215 K Street, Suite 700, Sacramento, CA 95814

Hotel & Exhibit Information

- The Mission Inn Hotel & Spa has discounted sleeping rooms available starting at \$189 for single or double occupancy. For reservations, call (800) 843-7755 and mention the California Hospital Association to receive the discounted rate. Discount deadline is **November 11**.
- Exhibit area includes one draped, 6 ft table, (2) chairs and a name tent listing your company's name. Please contact Lisa Hartzell at (916) 552-7502 or lhartzell@calhospital.org if you would like electricity at your tabletop and have not already signed up for it.
 NOTE: This is a table top exhibit. Each exhibitor will have roughly 8ft of space to display (this includes the 6ft table), so please plan accordingly.
- Shipping information: Packages must arrive no sooner than Thursday, December 1, 2022.

Ship to: Riverside Convention Center

Event Name/Date: Behavioral Health Care Symposium Dec. 5 – 6, 2022 ATTN: Pamela Sturrock 3637 Fifth Street, Riverside, CA 92501

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

Exhibit Schedule

Monday, December 5

Set-up: 7:00 a.m. – 8:00 a.m.
 Viewing: 8:00 a.m. – 4:45 p.m.

Tuesday, December 6

• **Viewing:** 7:30 a.m. – 4:00 p.m.

• **Dismantling:** 4:00 p.m.



Authorized Signature:



Behavioral Health Care Symposium December 5 – 6, 2022, Mission Inn Hotel & Spa and Riverside Convention Center

					1	Company Information		
Submit	Completed App	lication				Please list your company name as you wish it to appear in marketing materials.		
Fax:	(916) 552-7506					Company		
E-mail:	: lhartzell@calhospital.org			Company:				
Mail: California Hospital Ass Education Department						Contact Name/Title:		
	1215 K Street, Suite		nento,	CA 95814		Address:		
Questions	: Lisa Hartzell, (916)							
						Telephone:		
						E-mail:		
Select Your	Level					Company web address:		
Platinum Sponsor (\$4,500)		☐ Silver Spo	Sponsor (\$2,500)			Please provide a brief description about your company. This description will be		
Gold Sponsor (\$3,500)		☐ Additional Registration (\$550) (Mon./Tues. only)			used in marketing materials. Please adhere to 75 words. CHA reserves the right to alter your description for marketing purposes.			
Amount to be Bil	led:	\$						
					-			
Billing Inform	mation	□VISA □	MC	☐ AMEX				
Name on Card:								
Card Number:					-	Please list special request consideration in table assignments (e.g., companies you		
Expiration Date:		Security Cod	e:		=	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		
Billing Address:					-	accommodate them.		
Dity:		State:	Zip:		-			
Authorizing Signa	ature:				-			
	yable to "CAHHS/CHA"				-			
	epresentatives as you wish it to appear in	a conformac proc	aram					
lease list exactly	as you wish it to appear if	r contenence prog	grairi.					
Representative #	1:				-	Representative #3 (Gold/Platinum Exhibitors Only):		
ïtle:					-	Title:		
elephone:					-	Telephone:		
-mail (required):					-	E-mail (required):		
Representative #2	2:				-	Representative #4 (Platinum Exhibitors Only):		
ïtle:					-	Title:		
elephone:					_	Telephone:		
-mail (required):					_	E-mail (required):		
nd agents again or the Riverside	s responsibility and agrees st any claims or expenses	arising out of the ins insurance cov	use of the	ne exhibition pr Exhibitor's pro	remises. The	esociation and the Riverside Convention Center and their respective employees the Exhibitor understands that neither the California Hospital Association is the sole responsibility of the exhibitor to obtain such insurance aterial.		

Date