Sponsorship Options



2024 Rural Health Care Symposium March 4 - 5, 2024, Rancho Bernardo Inn, San Diego

Why sponsor? Participants gain direct access to key decision makers from more than 62 rural hospitals across the state.

What's the display space like? Sponsors will have a tabletop display on Monday and Tuesday in the education session room.

Who are our attendees? Executive staff of rural hospitals including: CEOs, COOs, CFOs, administrators, directors of nursing, nursing supervisors and trustees.

How many attend? Approximately 50+ participants.

Limited space available - Up to 10 companies will participate!

Requests will be processed on a first-come, first-served basis.

Reserve your spot today!



Select Your Level

Benefits	Platinum Sponsor \$5,500	Gold Sponsor \$4,000	Silver Sponsor \$3,000
Exclusive sponsor of reception or luncheon with 3 to 5 minute spotlight to address the attendees	J		
Conference registrations (includes networking reception)	4	2	1
Rotating PowerPoint ad and company contact info on website	1	1	1
Company logo on website and in marketing emails	J	1	1
Conference attendee list	1	1	1
(1) 6' Exhibit table with electricity	1	1	J

Additional Fees

\$250 (Mon./Tues.) Registration for each additional representative

Where and When

March 4 - 5, 2024 Rancho Bernardo Inn 17550 Bernardo Oaks Drive San Diego, CA 92128

Contact

Lisa Hartzell

Director, Event Management (916) 552-7502 |
| hartzell@calhospital.org |
| calhospital.org/education-publications/cha-event-sponsorship

Sponsorship Rules



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Space Assignments

Assignment of tables will be made by the California Hospital Association (CHA) based on the following criteria: sponsor 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 sponsor fee. Items provided are: draped 8-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.

Sponsor Refund Policy

Sponsor fees are NON-REFUNDABLE.

Preliminary Exhibit Dates and Hours

(Date/Times are approximate and subject to change)

Location: Rancho Bernardo Inn, Santiago Ballroom

Monday, March 4

Set-up: 7:00 – 8:00 a.m. Viewing: 8:00 a.m. – 5:00 p.m.

Tuesday, March 5

Viewing: 8:00 a.m. – 3:30 p.m. Raffle: 1:15 – 1:30 p.m. Dismantling: 3:30 – 4:30p.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, March 4**. 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 **3:30 p.m. on Tuesday, March 5**. It is the responsibility of the exhibitor to remove all materials from the exhibit area on Tuesday.

Admittance to the Forum

Exhibit hall admittance is limited to workshop 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!

An exhibit tour card with a list of each participating vendor will be made available within the exhibit area. 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 during the lunch on March 5. 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 booth. Security guards will be present at all times.

Sponsor Checklist

2024 Rural Health Care Symposium

March 4 – 5, 2024, Rancho Bernardo Inn, San Diego



Please provide the following by February 20, 2024

- Sponsor fees make checks payable to CHA/CAHHS or provide Visa, MasterCard or American Express number with expiration date.
- Company logo in high resolution .jpeq file format preferred.
- Electronic advertisement shown throughout the two-day conference.
 Provide a single 16:9 slide to be placed within the conference PowerPoint deck
- 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 Rancho Bernardo Inn has rooms available at the discounted rate of \$319 plus taxes and a \$20 daily resort fee. For reservations, call (844) 226-8262 and mention the "Rural Health Care Symposium." Don't delay; the deadline for discounted sleeping rooms is Friday, February 2.
- Exhibit area includes one draped, 6 ft table, (2) chairs and a name tent listing your company's name/logo. 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 Wednesday, February 28 2024.

Ship to: Rancho Bernardo Inn

Event Name/Date: CHA's 2024 Rural Health Care Symposium; March 3-5, 2024 ATTN: Leah Elkind, Catering and Conference Services Manager 17550 Bernardo Oaks Drive San Diego, CA 92128

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

Exhibit Schedule

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Viewing: 8:00 a.m. – 5:00 p.m.

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• Raffle: 1:15 – 1:30 p.m.

• Dismantling: 3:30 – 4:30 p.m.



Authorized Signature:



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Submit	Completed A	pplication	Company Information		
E-mail: Ihartzell@calhospital.org Mail: California Hospital Association Education Department 1215 K Street, Suite 700, Sacramento, CA 95814 Questions: Lisa Hartzell, (916) 552-7502			Please list your company name as you wish it to appear in marketing materials.		
			Company:		
		rtment	Contact Name/Title:		
			Address:		
Questions	s: Lisa Hartzell, (91	10) 552-7502			
			Telephone:		
Select Your Level			E-mail:		
☐ Platinum Sponsor (\$5,500) ☐ Silver Sponsor (\$3,000)		☐ Silver Sponsor (\$3,000)	Company web address:		
☐ Gold Sponso	☐ Gold Sponsor (\$4,000)		Please provide a brief description about your company. This description will be		
Amount to be Billed:		\$	used in marketing materials. Please adhere to 75 words. CHA reserves the right to alter your description for marketing purposes.		
Billing Infor	mation	□VISA □MC □ AMEX			
Name on Card:					
Card Number:					
Expiration Date:	Expiration Date: Security Code:		Please list special request consideration in table assignments (e.g., companies you		
Billing Address:			do not wish to be located next to). List specific company names, not products or		
City:		State: Zip:	services. CHA cannot guarantee requests will be met but will make every effort to accommodate them.		
Authorizing Sign	ature:				
*Make checks pay	vable to "CAHHS/CHA"				
_	Representatives				
Please list exacti	y as you wish it to appe	ear in conference program.			
Registration/Representative #1:			Representative #3:		
Title:			Title:		
Telephone:			Telephone:		
E-mail (required):			E-mail (required):		
Registration/Representative #2:			Representative #4:		
Title:			Title:		
Telephone:			Telephone:		
E-mail (required):			E-mail (required):		
any claims or expo	s responsibility and agrees enses arising out of the u g the Exhibitor's property,	se of the exhibition premises. The Exhibitor understand	ciation and the Rancho Bernardo Inn and their respective employees and agents against ds that neither the California Hospital Association nor the Rancho Bernardo Inn maintains in such insurance. Our company shall be bound by the terms and conditions in the Exhibitor		

Date