

Sponsor & Exhibit Options



2024 Disaster Planning Conference
September 10-11, 2024, Pasadena Convention Center

Be front and center at the largest statewide disaster planning conference targeted to California hospitals. Showcase your products to more than 600 leading health care decision makers, including emergency preparedness coordinators, disaster planning teams, hospital administrators, CNO's, EMS personnel and public health officials. With dedicated exhibit viewing time to network, you will not be disappointed! Act now to become a sponsor or exhibitor.



Select Your Level:

Benefits	Platinum Sponsor \$8,000	Gold Sponsor \$5,000	Silver Sponsor \$3,000	Exhibit Only \$1,950
Invitation to conference committee reception on Sept. 9	√			
Sponsor receives 15-minutes to address conference participants at Sunrise Session or at lunch on Day 1 or Day 2	√			
Conference registrations	4	2		
Logo featured in conference app, signage and web page	√	√	√	
Conference attendee list	√	√	√	
Company description and contact listing in conference app	√	√	√	√
Participation in Exhibit Show Gamefication in conference app	√	√	√	√
Booth with electricity in Exhibit Show	20' x 20'	10' x 20'	10' x 10'	10' x 10'

Beyond the Booth:

A La Carte Opportunities for 2024!

- Two push notifications in Conference App: **\$250**
- One Social Media post with link to company website: **\$250**
- One 30-60 sec commercial to air during conference and posted in conference app: **\$400**
- Conference App Sponsor: **\$4500**
- Conference WiFi: **\$5000**

Have something else in mind? Let's chat!

Ready to Sign Up? Contact:

Lisa Hartzell
Director, Event Management
(916) 552-7502
lhartzell@calhospital.org

CHA reserves the right to decline sponsorship or exhibitor applications.

More information at
www.calhospital.org/events/2024-disaster

Exhibit Rules



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Space Assignments

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

Space and Services Included in Fee

Space charge is \$1,950 per 10' x 10' booth. The fee includes two company representatives to attend only the exhibit show; space charge is complimentary with sponsorship. Booth includes an 8' table with drape, two chairs, waste basket and one 500-watt, 120-volt duplex electrical outlet. Exhibit hall aisles will be carpeted in gray.

There will be an exclusive service contractor for the show and all additional services needed (i.e., shipping, material handling, carpet for your booth, etc.) must be secured directly through the service contractor. An exhibitor service kit will be emailed to you or can be accessed on the conference web page.

Sponsor and Exhibit Refund Policy

Sponsor and exhibit fees are **NONREFUNDABLE**.

Preliminary Exhibit Schedule

Pasadena Convention Center
(date/times are approximate and subject to change)

Monday, September 9

Set-up: 1:00 – 4:00 pm

Tuesday, September 10

Exhibit Viewing & Continental Breakfast: 8:00 – 8:45 am
PM Breaks: 10:15 – 10:45 am & 3:00 – 3:30 pm
Exhibit Show Reception: 4:30 – 5:45 pm

Wednesday, September 11

Exhibit Viewing & Continental Breakfast: 7:00 – 8:00 am
AM Break: 10:00 – 10:30 am
Dismantling: 1:45 pm – 3:30 pm

Exhibit Set-Up and Clean-Up

Set up of exhibits must be complete and ready for inspection by 4:00 pm on Mon., Sept. 9. Exhibitors are prohibited from dismantling their booths until 10:30 am on Wed., Sept. 11. It is the responsibility of the exhibitor to remove all materials from the exhibit hall **NO LATER** than 12:00 pm on Wed., Sept. 11. No dismantling will be permitted after this time.

Exhibit Show Passport

The exhibit show passport is a fun interactive opportunity where attendees participate to compete and win prizes. This encourages networking, booth foot traffic and lead opportunities. The attendee must be present to win and CHA will provide the winner's contact information to the donating exhibitor. **CHA staff and exhibitors are not eligible to participate in the prize drawing.**

Exhibit Show Prize Drawing

Exhibitors are encouraged to donate a prize for the raffle (limit one) with a minimum value of \$100. Winners will be chosen and announcements made Sept. 11. Please email the item you wish to contribute for the Exhibit Show raffle to lhartzell@calhospital.org by Fri., Aug. 23.

Admittance

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.

Fire and Safety

All flammable materials must be flameproofed 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 flameproofing 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 exhibition hours, 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.

Application



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Submit Completed Application

E-mail: lhartzell@calhospital.org
Questions: Lisa Hartzell, (916) 552-7502
Mail: California Hospital Association
Education Department
1215 K Street, Suite 700
Sacramento, CA 95814

Select Your Level

- | | |
|---|--|
| <input type="checkbox"/> Platinum Exhibitor (\$8,000) | <input type="checkbox"/> Beyond the Booth
<i>(please select from drop down your choice(s)
for sponsor/exhibitor enhancements)</i> |
| <input type="checkbox"/> Gold Exhibitor (\$5,000) | Choose from list |
| <input type="checkbox"/> Silver Exhibitor (\$3,000) | Choose from list |
| <input type="checkbox"/> Exhibit Booth (\$1,950) | Choose from list |

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): _____

Contact Information

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

Company: _____

Contact Name: _____

Title: _____

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 50 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 (Platinum Only): _____

Title: _____

Telephone: _____

E-mail (required): _____

Representative #4 (Platinum Only): _____

Title: _____

Telephone: _____

E-mail (required): _____

Authorization

Exhibitor assumes responsibility and agrees to indemnify and defend the California Hospital Association and the Pasadena Convention Center 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 Pasadena Convention Center 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 _____