

# Sponsorship Options



Behavioral Health Care Symposium  
December 4 - 5, 2024, Hyatt Regency Long Beach

**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 or near 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 200+ participants each year.



## Select Your Level of Support

Benefits	Platinum Sponsor \$5,000	Gold Sponsor \$4,000	Silver Sponsor \$3,000
Exclusive sponsor of keynote, reception or luncheon with 2-minute introduction	√		
Social media post with link to company website	1	1	
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	√	√	√
Symposium attendee list	√	√	√
Exhibit table with electricity in educational session room	√	√	√

## Additional Fees

\$399 (Tues./Wed. only) Registration for *each additional* representative

## Where and When

**December 4 - 5, 2024**  
**Hyatt Regency Long Beach**  
200 S. Pine Avenue  
Long Beach, CA 90802

## Contact

**Lisa Hartzell**  
Director, Event Management  
(916) 552-7502  
lhartzell@calhospital.org  
calhospital.org/education-publications/cha-event-sponsorship/

# 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: 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, 1-2 chair(s), 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:** Hyatt Regency Ballroom

### Wednesday, December 4

Set-up: 7:30 a.m. – 8:30 a.m.  
Viewing: 8:45 a.m. – 4:45 p.m.

### Thursday, December 5

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 **8:30 a.m. on Wednesday, December 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 **4:00 p.m. on Thursday, December 5**. It is the responsibility of the exhibitor to remove all materials from the exhibit area on Thursday.

## 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 last break on Dec. 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 liquids, 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



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## Please provide the following by **November 12, 2024**

- Exhibit fees—make checks payable to CHA/CAHHS or provide Visa, MasterCard or American Express number with expiration date.

Company logo in high resolution .peg file format.

- Color ad for rotating PowerPoint Slide deck in exhibit area.  
*Submit as 16:9 PowerPoint slide.*

- 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 rate price drawing.  
*\*minimum value of \$100 is recommended*

All materials can be submitted via email: [lhartzell@calhospital.org](mailto:lhartzell@calhospital.org) • Fax: 916-552-7506  
Mail: CHA, Education Department, 1215 K Street, Suite 700, Sacramento, CA 95814

## Hotel & Exhibit Information

- The Hyatt Regency has discounted sleeping rooms. For reservation information, go to the symposium website at [calhospital.org/events/2024-behavioral-health-care-symposium/](http://calhospital.org/events/2024-behavioral-health-care-symposium/).
- Exhibit area includes one draped, 6 ft. table, 1-2 chair(s) and a name tent listing your company's name. Please contact Lisa Hartzell at (916) 552-7502 or [lhartzell@calhospital.org](mailto: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 8 ft. of space to display (this includes the 6 ft. table), so please plan accordingly.
- Shipping information: Packages must arrive **no sooner than Wednesday, November 27, 2024.**

**Ship to: Hyatt Regency Long Beach**

Event Name/Date: Behavioral Health Care Symposium Dec. 4-5, 2024  
200 S. Pine Avenue  
Long Beach, CA 90802

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

## Exhibit Schedule

(Date/Times are approximate and subject to change)

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- **Viewing:** 8:45 a.m. – 4:45 p.m.

### Thursday, December 5

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

# Application



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**Submit Completed Application**

Fax: (916) 552-7506  
E-mail: lhartzell@calhospital.org  
Mail: California Hospital Association  
Education Department  
1215 K Street, Suite 700, Sacramento, CA 95814  
Questions: Lisa Hartzell, (916) 552-7502

## Select Your Level

- Platinum Exhibitor (\$5,000)
  - Silver Exhibitor (\$3,000)
  - Gold Exhibitor (\$4,000)
  - Additional Registration (\$399)  
*(Tues./Wed. only)*
- 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 Exhibitors Only): \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail (required): \_\_\_\_\_

Representative #4 (Platinum Exhibitors Only): \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail (required): \_\_\_\_\_

## Authorization

Exhibitor assumes responsibility and agrees to indemnify and defend the California Hospital Association and the Hyatt Regency 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 Hyatt Regency 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: \_\_\_\_\_