

Contract for Sponsorship & Exhibit Space

Home Care Association of Colorado Annual Convention & Home Care Exhibition

Thursday, May 13 and Friday, May 14, 2010 * Antlers Hilton Hotel, Colorado Springs, Colorado

By submitting this Contract, we agree to comply with the terms as stated in the HCAC's Sponsorship & Exhibit Guidelines.

COMPANY NAME <small>Please print legibly or type below. This will appear in publications</small>			
Mail address			
City, State, Postal Code			
Company Phone ()	Company Fax	()	
Company Email	Company Website		
PRIMARY CONTACT / SALES REPRESENTATIVE <small>to receive confirmation details and service kit. Please note that this information will be published in our Exhibitor Directory provided to Convention registrants and posted on our Web site 24/7 Trade Show.</small>			
Contact person & Title			
Mail address			
City, State, Postal Code			
Contact Phone ()	Contact Fax	()	
Contact Email			

SPONSORSHIP

Platinum Sponsorship \$2,500 or more (complimentary exhibit booth and choice of event or speaker sponsorship) _____ <input type="checkbox"/> Speaker: _____ <input type="checkbox"/> Meal Function <input type="checkbox"/> Other: _____ Amount _____	\$ SOLD OUT
Gold Sponsorship \$1,500 or more (complimentary tabletop display and choice of event sponsorship) <input type="checkbox"/> Meal Function <input type="checkbox"/> Other: _____ Amount _____	\$

EXHIBIT REGISTRATION

	Convention Sponsors	HCAC Member	Non-Member	After 4/1/10	TOTAL AMOUNT
Exhibit Booth (8' wide x 6' deep)	Complimentary for Platinum Sponsors	\$700	\$800	Add \$100	\$SOLD OUT
Tabletop Display (6' wide x 4' deep)	Complimentary for Gold Sponsors	\$650	\$750	Add \$100	\$

Products & Services Description (this information will be included in our Exhibitor Directory provided to Convention registrants). Limited space only.

SPONSOR & EXHIBIT PERSONNEL REGISTRATION Print names legibly below. No more than four individuals per exhibit space, please.

	First and last name of exhibitor representative	Email address of exhibitor representative	Exhibitors	Gold Sponsors	Platinum Sponsors
1.			No charge	No charge	No charge
2.			No charge	No charge	No charge
3.			\$100	No charge	No charge
4.			\$100	\$100	No charge

PAYMENT

SPONSORSHIP AMOUNT (from above)	\$
EXHIBIT REGISTRATION (from above)	\$
EXHIBIT PERSONNEL REGISTRATION (from above)	\$
Make checks payable to HCAC – Tax ID # 84-6085778	TOTAL AMOUNT DUE
Minimum 50% deposit is required with initial contract; balance is due no later than April 15, 2010.	Deposit \$

Check VISA* Cardholder (print name) _____
 MasterCard* American Express* Card # _____ / _____ / _____
*A receipt will be mailed to the Primary Contact person listed above. Exp. _____ Signature _____

Return Contract with payment to:

Home Care Association of Colorado, 7400 East Arapahoe Road, Suite 211, Centennial, Colorado 80112
 (303) 694-4728 * Fax (303) 694-4869 * Email hcac@assnoffice.com * www.hcaonline.org

For HCAC Use	Rec'd	Paid \$	Ck#/CC	Auth	M	NM
Total Due \$	Deposit \$	Q	Inv	Due \$	DB	