

CTChiro

Connecticut Chiropractic Association

2257 Silas Deane Highway
Rocky Hill, CT 06067
Tel. (860) 257-0404 ~ Fax. (860) 257-0406
CTChiro.com

TO: Business Partners

FROM: Dr. Gina Carucci, Immediate Past President / Conference Chair

DATE: January, 2016

SUBJECT: 2016 SPRING CONFERENCE – May 5, 2016

The Connecticut Chiropractic Association (CCA) cordially invites you to join us as a CT Chiro Business Partner for our 2016 Spring Conference on:

DATE: Thursday, May 5, 2016
TIME: 7:15 a.m. to 6:00 p.m.
PLACE: **Radisson ~ Cromwell**
100 Berlin Road
Cromwell, CT 06416
Tel: (860) 635-2000
Fax: (860) 635-7768

ANTICIPATED ATTENDANCE: 150 - 200 Doctors (Mandatory Program required for all DC's)

SPECIAL OVERNIGHT HOTEL RATE! – RADISSON~CROMWELL **\$109.00 per night** single/double, ask for the group rate for **CT Chiropractic Association**. Telephone 203-564-1772.

SPECIAL OVERNIGHT HOTEL RATE! - **\$109.00 per night single/double** and ask for the group rate for **CT Chiro Assn.** Reservations Telephone (860) 635-2000 or 1-800-308-4589 or online.

Deadline for this rate is Tuesday, April 5, 2016

- use for Group Code: CTCHIRO
- discounted parking with the above discount code
- easy access by train

PARKING

Location has parking lots.

EXHIBITOR BOOTH CHARGE - \$600 Per Booth (Nutmeggers (\$450)
\$350 for an additional Booth (Nutmeggers (\$263)

EXHIBITOR BOOTH SET-UP - 6:00 p.m. - 9:00 p.m. on Wednesday, May 4, 2016, and/or 6:00 a.m. - 8:00 a.m. on Thursday, May 5, 2016. Breakdown at 5:00 p.m. on Thursday, May 5, 2016. Space is 6-foot draped table; 2 feet between each table and a maximum of 5 feet from the wall for those with a back drop display. You must exhibit within your allotted space. If more room is needed, then a charge will be incurred for an additional booth.

BOOTH REGISTRATION DEADLINE –Monday, APRIL 11, 2016

Booth spaces will be assigned on a first come first register basis.

DELIVER / STORAGE: The confirmation letter will provide this information.

PROGRAM ADVERTISING - Exhibitors may advertise in our 2016 Spring Conference Program at a rate of \$150.00 for a full page (8 1/2" x 11") ad or \$75.00 for a one-half page (8 1/2" x 5") ad.

Note! Nutmeggers receive a 25% discount. (All copy for advertisements is due by Monday, April 11, 2016.)

SPONSORSHIPS – The following sponsorships are available:

Morning Refresher Break: \$ 500

Luncheon Sponsor: \$ 3,000 (complimentary Booth & Advertising provided)

Afternoon Refresher Break: \$ 500

EXHIBITOR LUNCH

The Exhibitor Booth charge includes buffet lunch with the doctors at 12:00 noon for one (1) representative from each participating exhibit. Additional luncheon reservations are available at a charge of \$30.00 per person and must be made in advance. **Deadline for additional lunches is Thursday, April 28, 2016.** A representative from each registered exhibit will be given a 30-second opportunity to introduce themselves and indicate the company they represent during the morning business meeting.

REGISTRATION PACKET INSERTS

For a fee of \$150.00, exhibitors may insert one full-page flyer into the registration packet the doctors receive at the conference. Companies that do not exhibit may place one full-page flyer in the packet for a fee of \$300.00. **Note!** You must supply one flyer for every doctor! (Approximately 150 flyers) **All printed material must be received on or before Monday, April 18, 2016.**

DRAWING

Once again our Spring Conference will host a Drawing for the Doctors. Items may include a HDTV, digital camera as well as other items. Hopefully you will be able to participate in this drawing. Please note on the registration form item(s) you will be able to provide. Indicate if you will be bringing the item with you to the Conference or if you will be sending the item directly to the CCA office (2257 Silas Deane Highway, Rocky Hill, CT 06067) by **Monday, April 18, 2016.**

ANTICIPATED BREAK SCHEDULE IN EXHIBIT HALL

Time	
6:30 a.m.	Exhibit Set Up
9:30 – 10:30 a.m.	Break with Exhibitors
12:30 – 1:30 p.m.	Lunch with Exhibitors
1:30 – 2:00 p.m.	Break with Exhibitors
4:00 – 4:30 p.m.	Break with Exhibitors / Drawing

CONFERENCE CONTACT:

To assist you in answering any questions, please do not hesitate to contact the CCA Office at 1-800-966-2225 or 860-257-0404 ext. 10. You may also register by phone. We will be communicating more via e-newsletters and email.

**PLEASE COMPLETE THE ENCLOSED REGISTRATION FORM TODAY!
BOOTHS WILL BE ASSIGNED ON A FIRST COME, FIRST SERVED BASIS. REGISTRATION
DEADLINEMONDAY, April 11, 2016!**

2016 SPRING CONFERENCE

THURSDAY, MAY 5, 2016

RADISSON CROMWELL, CONNECTICUT

EXHIBITOR REGISTRATION FORM

Name of Company _____

Address _____

City/Town _____ State _____ Zip _____

Website: _____

The following individual is designated as the authorized representative in charge of the Exhibitor space and is to receive all official correspondence.

Contact Person _____ Title _____

Date _____ Tel: () _____ E MAIL _____

Product or Service _____

Conference Participation—

Please indicate below how you would like to participate in our 2016 Spring Conference. Check all areas that apply:

____ Exhibitor Booth _____	\$600	(\$ ____ Nutmegger Club Members \$450)
____ Additional Booth _____	\$350	(\$ ____ Nutmegger Club Members \$263)
____ Program Ad (Full Pg) _____	\$150	(\$ ____ Nutmegger Club Members \$115)
____ Program Ad (1/2 Pg) _____	\$ 75	(\$ ____ Nutmegger Club Members \$ 60)
____ Luncheon Guest(s) _____	\$ 30 (each).	(\$ ____ Nutmegger Club Members \$ 30)
____ Registration Insert _____	\$150	(\$ ____ Nutmegger Club Members \$150)
____ Registration Insert (Non-Exhibitors) _____	\$300	(\$ ____ Nutmegger Club Members \$300)
____ Luncheon Sponsor _____	\$2,500	
____ Break Sponsor _____	\$300	
TOTAL COST		\$ _____ (\$ _____ Nutmegger Total Cost)

DESCRIPTION OF EXHIBIT SPACE: Please describe your exhibit setup.

- ☐ I will only be using the table provided to me
☐ I will be bringing additional equipment with me (please describe) _____
☐ I will have a floor to ceiling display unit in my 6ft space.
☐ I will need to access the internet

DO YOU NEED ELECTRICAL? YES ☐ NO ☐

REGISTRATION PACKAGE INSERT

(All inserts are due at the CCA office by Monday, April 14, 2016)

____ \$150 for Exhibitors ____ \$300 for Non-Exhibitors

REFRESHMENT SPONSORSHIP

____ \$300 for Break Sponsor ____ \$2,500 for Lunch Sponsor

(IMPORTANT: PLEASE COMPLETE REVERSE SIDE OF FORM)

PROGRAM ADVERTISING

(All copy for advertisements is due by Monday, April 11, 2016)

(Please indicate ad size)

___ Full-Page Ad (8 1/2" x 11") - \$150 (___ Nutmegger Cost-\$115)

___ Half-Page Ad (8 1/2" x 5") - \$ 75 (___ Nutmegger Cost-\$ 60)

WILL YOU BE PARTICIPATING IN THE DRAWING? **YES** ☐ **NO** ☐

If yes, what will be the items donated? _____

Will you bring these items to the conference that day? **YES** ☐ **NO** ☐**HOW DID YOU HEAR ABOUT THE CONFERENCE?**☐ DR. _____ ☐ CCA STAFF _____ ☐ CTChiro Website ☐ OTHER _____**NAMES OF PEOPLE WITH LUNCHEON RESERVATIONS**

NAME _____

(Designated Representative -No charge)

NAME _____ @ \$30.00 NAME _____ @ \$30.00

NAME _____ @ \$30.00 NAME _____ @ \$30.00

Please make check payable to "Connecticut Chiropractic Association" and mail to:

2257 Silas Deane Highway - Rocky Hill, CT 06067 OR

☐ VISA☐ MASTERCARD☐ AM EXPRESS☐ DISCOVER

Card Name _____ Amount \$ _____

Card # _____ Exp Date _____ Sec # _____

Authorized Signature _____

Billing Address of Credit Card _____

RULES AND REGULATIONS

Subleasing and sharing of exhibit(s) is not permitted and exhibitors should confine their exhibit activities to the space for which they have contracted.

Exhibits must conform to the fire, safety and health regulations of the city in which the conference is held, and all materials used in the exhibit hall, including decorations/constructions must be flame proof.

We agree to the provisions and regulations for exhibitors as outlined in this registration form.

The Agreement authorized by _____
(signature)

TITLE _____ DATE _____

LIABILITY - Neither the Connecticut Chiropractic Association or Crowne Plaza, Cromwell, CT assume liability or responsibility for damage, loss or injury to an exhibit or to an exhibitor or his Representative caused by fire, theft, utility malfunction, accident or labor dispute. An exhibitor is liable for any damage his exhibit or personnel causes to the property.**DEADLINE FOR RESPONSE - MONDAY, APRIL 11, 2016****CTCHIRO FAX ~ 860-257-0406**