

Promotional Opportunities



Center for Behavioral Health

Behavioral Health Care Symposium
December 4 – 5, 2017, Mission Inn Hotel & Spa and Riverside Convention Center

Why exhibit? 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? Exhibitors will have a tabletop display for 2 days inside 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 250+ participants each year.



Select Your Level of Support

Benefits	Platinum Exhibitor \$4,500	Gold Exhibitor \$3,500	Silver Exhibitor \$2,500
Exclusive promotion of keynote, reception or luncheon *	√		
Color ad in rotating PowerPoint slides shown at the Behavioral Health Care Symposium	1	1	1
Symposium registrations	4	3	2
Company logo on Behavioral Health Care Symposium: website and program	√	√	√
Company description and contact information in Behavioral Health Care Symposium program	√	√	√
Symposium attendee list	√	√	√
Exhibit table with electricity in educational session room	√	√	√

* Only available to organizations that are not an ACCME-defined commercial interest.

Additional Fees

\$495 (Mon./Tues. only) Registration for *each additional* representative

Where and When

December 4-5, 2017

Mission Inn Hotel & Spa (Host Hotel)

3649 Mission Inn Avenue
Riverside, CA 92501

Riverside Convention Center (Symposium & Exhibit Viewing)

3637 Fifth Street
Riverside, CA 92501

Contact

Lisa Hartzell

Director, Meetings and Events

(916) 552-7502

lhartzell@calhospital.org

www.calhospital.org/promotional-opportunities

CHA reserves the right to decline exhibitor applications.

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, 2 chairs, 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: Riverside Convention Center

Monday, December 4

Set-up: 7:30 a.m. – 8:30 a.m.
Viewing: 9:30 a.m. – 5:00 p.m.

Tuesday, December 5

Viewing: 7:00 a.m. – 4:15 p.m.
Dismantling: 4:15 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 Monday, 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 **4:15 p.m. on Tuesday, December 5**. It is the responsibility of the exhibitor to remove all materials from the exhibit area on Tuesday.

Admittance to the Symposium

Exhibit hall 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 end of the symposium. 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.

BEHAVIORAL HEALTH CARE SYMPOSIUM

DECEMBER 4 — 5, 2017 • RIVERSIDE, CA

PLEASE PROVIDE THE FOLLOWING BY **November 3, 2017**

- Exhibit fees—make checks payable to CHA/CAHHS or provide Visa, MasterCard or American Express number with expiration date.
- Company logo in high resolution .jpeg file format.
- Artwork for a full color advertisement in the conference rotating PowerPoint slides. Dimension of ad: 13"w x 10"h. Ad submitted as a .jpeg file.
- A short description of your organization (75 words or less) for inclusion in the conference program.
- 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 • Fax: 916-552-7506 •
Mail: CHA, Education Department, 1215 K Street, Suite 800, Sacramento, CA 95814

HOTEL & EXHIBIT INFORMATION

- The **Mission Inn Hotel & Spa** has discounted sleeping rooms available starting at \$179 for single or double occupancy. For reservations, call (800) 843-7755 and mention the *California Hospital Association* to receive the discounted rate. Discount deadline is **November 3**.
- Exhibit area includes one draped, 6-foot table, (2) chairs and a name tent listing your company's name. 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 9ft of space to display (this includes the 6' table), so please plan accordingly.

- Shipping information: Packages must arrive **no sooner than Thursday, November 30, 2017**.
Ship to: **Riverside Convention Center**
Event Name/Date: Behavioral Health Care Symposium; Dec. 4– 6, 2017
ATTN: Pamela Sturrock
3637 Fifth Street,
Riverside, CA 92501

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

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Application



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Center for Behavioral Health

Submit Completed Application

Fax: (916) 552-7506
E-mail: lhartzell@calhospital.org
Mail: California Hospital Association
Education Department
1215 K Street, Suite 800, Sacramento, CA 95814
Questions: Lisa Hartzell, (916) 552-7502

Select Your Level

- Platinum Exhibitor (\$4,500) Silver Exhibitor (\$2,500)
- Gold Exhibitor (\$3,500) Additional Registration (\$495)
 (Mon./Tues. 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 Riverside 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 Riverside 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 _____