



Exhibitor Application

2018 Intercompany Long-Term Care Insurance Conference
March 18-21, 2018 - Las Vegas, NV

1. COMPANY INFORMATION

Official Company Listing Info - For use in mobile app listing and exhibitor/sponsor directory.

Company Name

Contact Name

Address

City State ZIP Code

Phone

Email

Company Website

Conference Coordinator - This person will receive all exhibitor/sponsor/registration related information and communications.

Check here if this will be the same person as the Official Company contact listed to the left.

Coordinator Name

Address

City State ZIP Code

Phone

Email

Were you referred to our conference by someone? If so, please let us know their name, company, and contact info so we can send them a thank you:

2. REVIEW EXHIBITING OPTIONS

	Large Booth	Regular Booth	Mini Booth
Booth Size	20x10	10x10	6x10
Booth Package Includes	Identification sign Two 6' draped tables 4 chairs and 2 wastebaskets	Identification sign One 6' draped table 2 chairs and wastebasket	Identification sign One 4' draped table 1 chair and wastebasket
NEW Included Registrations	6 Registrations Included#	4 Registrations Included#	2 Registrations Included#
Exhibitor Listing in our Mobile App & Website			
Pre/Post-Show Mailing Lists			

Please note that if your company requires more registrations than these booth options allow it may be more cost effective to select a Sponsorship level and add a standard or large booth along with the additional registrations. For more information or to discuss options please contact Christi Trimble at 856-308-0611 or Christi@ILTCIConf.org

3. BOOTH SELECTION

	Description	On or before Sept 14, 2017	Sept 15, 2017 - Nov 21, 2017	Nov 22, 2017 And After
\$ _____	<input type="checkbox"/> Large Booth - 20x10	\$5,200	\$5,575	\$5,950
\$ _____	<input type="checkbox"/> Standard Booth - 10x10	\$3,300	\$3,675	\$4,050
\$ _____	<input type="checkbox"/> Mini Booth - 6x10	\$1,900	\$2,150	\$2,400
\$(_____)	<input type="checkbox"/> Non-Profit Discount - Non-profits may deduct \$500 off the price of your booth			
\$(_____)	<input type="checkbox"/> First Time Exhibitor Discount - if you are a first time participating company you may deduct \$250			
\$ _____	TOTAL			

4. EXTRA VALUE SPONSORSHIP OPTIONS

These bonus opportunities are cost effective options that will help build your brand recognition and reach attendees on new levels by increasing your company's exposure throughout the conference events and materials. One of each is available on a first come first serve basis, check the box below for which opportunities you are interested in and we will get back to you with confirmation of availability. All options are \$3,000, you may select more than one.

<input type="checkbox"/>	Attendee & Speaker Welcome Gift: A card or flyer with sponsorship attribution in the welcome bag.
<input type="checkbox"/>	Charging Station Sponsor: Attendees will be able to charge personal devices during the conference.
<input type="checkbox"/>	Conference Welcome Bag Sponsor: Single color logo on the conference bag given to all attendees.
<input type="checkbox"/>	Conference Lanyard Sponsor: Your company's logo on the badge lanyard of all attendees.
<input type="checkbox"/>	Grand Prize Bingo Card Sponsor: Color logo and credit line on the Bingo Card map.
<input type="checkbox"/>	Hotel Room Keycards: Get your logo in the pocket of all attendees! Additional printing cost, contact for details.
<input type="checkbox"/>	Keynote Speaker Sponsor: Keynote TBD
<input type="checkbox"/>	Mobile App Sponsor: The Mobile App is downloaded by all attendees and logoed to sponsor.
<input type="checkbox"/>	Social Media Lounge Sponsor: Attendees will be able to refresh and recharge.
<input type="checkbox"/>	Tuesday General Session Sponsor: Speakers TBD

6. PAYMENT INFORMATION

Please complete the information below and e-mail all pages to: Christi@iltciconf.org

QUESTIONS: (856) 308-0611

VISA MASTERCARD AMERICAN EXPRESS

\$ _____	Exhibitor Total	Card # _____	Expiration Date _____	3/4 Digit Code _____
\$ _____	Prepaid Reg Total	Billing Address _____		
\$ _____	Grand Total	_____		

Name on Card _____ Signature _____