



Exhibitor Application

2019 Intercompany Long-Term Care Insurance Conference
March 24-27, 2019 - Sheraton Grand Chicago - Chicago, IL

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
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	Sept 15, 2018 - Nov 30, 2018	Dec 1, 2018 And After
\$ _____	<input type="checkbox"/> Large Booth - 20x10	\$5,875	\$6,250
\$ _____	<input type="checkbox"/> Standard Booth - 10x10	\$3,875	\$4,250
\$ _____	<input type="checkbox"/> Mini Booth - 6x10	\$2,250	\$2,500
\$(_____)	<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 given with gift.
<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 available for attendees.
SOLD	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.
SOLD	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 Matthew Luhn
SOLD	Mobile App Sponsor: The Mobile App is downloaded by all attendees and attributed to sponsor via banner ad.
<input type="checkbox"/>	Social Media Lounge Sponsor: Sponsor Logoed area Attendees will be able to refresh and recharge.
<input type="checkbox"/>	Tuesday General Session Sponsor: Alzheimer's Association Session

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 _____

If you need to **pay by check** and require an invoice please fill out and submit this form to Christi@iltciconf.org and note in your email that check payment instructions are requested.