



Registration Agreement for Exhibit/Sponsorship
TRIANGLE CMSA SPRING CONFERENCE- MARCH 30, 2012

“Spring Break!”

North Raleigh Hilton
3415 Wake Forest
Raleigh, NC

COMPANY NAME: _____ CONTACT PERSON(S): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL ADDRESS: _____

1. Please indicate your choice of sponsorship by checking the level below.

Sponsorship levels:

Payable by:

1. check
2. services—speaker, meals, etc., pre-approved by the Triangle CMSA Conference Committee
3. merchandise—pre-approved by the Triangle CMSA Conference Committee

Gold Level Sponsorship--\$2,000.00

- conference registration for one attendee
- one exhibit booth for up to two representatives; 1-2 minute exclusive presentation to attendees
- option to sponsor a table to decorate in keeping with the theme while promoting your organization
- meals and snacks for two Organization representatives
- the Organization's name posted on TCMSA's website for six months
- recognition on the sponsorship page of the conference attendee booklet
- recognition at the conference and the opportunity for a representative to promote their Organization to the assembly

Diamond Level Sponsorship--\$3,750.00 for TWO conferences (Spring and Fall, 2012)

- conference registration for one attendee at both conferences
- one exhibit booth for up to two representatives at both conferences
- option to sponsor a table to decorate in keeping with the theme while promoting your organization
- meals and snacks for two Organization representatives at both conferences
- the Organization's name posted on TCMSA's website for one year
- recognition on the sponsorship page of both conference attendee booklets
- recognition at both conferences and the opportunity for a representative to promote their Organization to the assembly

Table Sponsorship (included; please indicate if you will be decorating a table)

General Exhibitors:

Payable by check

Booth rental--\$500.00

- conference registration for one attendee
- one exhibit booth for two exhibitors
- meals and snacks for up to two Organization representatives

Table Sponsorship--\$50.00

2. The total fee for the exhibit space must accompany this agreement, unless an alternative is pre-arranged.
3. The rules and regulations of Triangle CMSA and the North Raleigh Hilton are a part of this registration agreement.
4. Refunds, requested in writing at least two weeks prior to the conference date, are subject to review by the Vendor Coordinator and/or Conference Officials.
5. Booths will not be reserved without payment. Booth location is available to registered vendors on a first come, first serve basis. Booth space is limited per fire code. Booth tables are approximately 2' x 6'.
6. Exhibitors are responsible for the safety and security of all equipment/products on display within the booth.
7. Vendor agreements can be revoked at any time, should the Conference Committee deem this action appropriate
8. Identify your organization's status: **Profit** **Non-Profit**
9. Do you need an electric outlet? Yes No

_____ The enclosed check for \$_____ is payable to “Triangle Case Management Society of America” (Triangle CMSA, tax ID #91-19200-62)

_____ Per prior agreement with Conference Officials, this Organization is providing: _____

Authorized Signature: _____ Title: _____

Please complete, sign and return this form with payment to: Suzanne Frederick
2716 Rosedale Ave.
Raleigh, NC 27607

. If you have questions, contact us at Trianglecmsa@trianglecmsa.org or Suzanne.frederick@earthlink.net.

Acceptance of this agreement by the Triangle CMSA Conference Officials constitutes a contract.