



Registration Agreement for Exhibit/Sponsorship

TRIANGLE CMSA FALL 2018 CONFERENCE—November 1 & 2, 2018

North Raleigh Hilton
3415 Wake Forest
Raleigh, NC 27609

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. PayPal
3. services—speaker, meals, etc., pre-approved by the Triangle CMSA Conference Committee
4. merchandise—pre-approved by the Triangle CMSA Conference Committee

___ Gold Level Sponsorship---\$1,000.00

- complimentary conference registration for one attendee
- one exhibit booth for up to two representatives
- meals and snacks for two Organization representatives
- the Organization's name posted on TCMSA's website for six months
- recognition at the conference and the opportunity for a representative to promote their Organization to the assembly

___ Diamond Level Sponsorship---\$2,500.00 for TWO conferences (Fall 2018 and Spring 2019)

- complimentary conference registration for one attendee (both conferences)
- one exhibit booth for up to two representatives (both conferences)
- meals and snacks for two Organization representatives (both conferences)
- the Organization's name posted on TCMSA's website for twelve months
- recognition at the conference and the opportunity for a representative to promote their Organization to the assembly

General Exhibitors:

Payable by check or PayPal

___ Booth rental---\$300.00

- conference registration for one attendee
- one exhibit booth for two exhibitors
- meals and snacks for up to two Organization representatives
- recognition at the conference and the opportunity for a representative to promote their Organization to the assembly

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**

___ 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: Joycelyn Bowling
4046 Patriot Ridge Ct.
Raleigh, NC 27610

If you have questions, contact us at Trianglecmsa@trianglecmsanc.org, or JoycelynBowling@gmail.com.

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