



Registration Agreement for Exhibit/Sponsorship

**TRIANGLE CMSA FALL 2019 CONFERENCE—September 19 & 20, 2019**

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 (Fall 2019)**

- 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 2019 and Spring 2020)**

- 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**

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\_\_\_ 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](mailto:Trianglecmsa@trianglecmsanc.org), or [JoycelynBowling@gmail.com](mailto:JoycelynBowling@gmail.com).

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