

# Great Lakes 2019 ANNUAL CONFERENCE & EXHIBITION

May 1-2, 2019 • Four Winds Casino Resort • New Buffalo, MI



(formerly AIHMES, IAMES and MIPA)

## **INVITATION TO EXHIBIT AND SPONSOR**

Meet and connect with the most influential group of HME business leaders in the Great Lakes region. We invite you to participate as an exhibitor and/or sponsor at the Great Lakes Annual Conference & Exhibition being held May 1-2, at Four Winds Casino Resort in New Buffalo, Michigan. Our regional event is a forum for uniting our industry voice and energizing HME providers and vendors as we tackle challenges and work collaboratively to improve the HME market. This educational conference attracts the decision-makers of the HME companies in the Great Lakes region with its informative content, strategic analysis and networking benefits. As an important partner of this community, we welcome your participation in all aspects of the event including the exhibit hall, sponsorship support and participation in the education sessions.

## **EXHIBIT AND NETWORKING SCHEDULE (all events listed are with exhibitors)**

### ***Wednesday – May 1, 2019***

- 7:30 AM – 8:30 AM – Exhibitor Set-up
- 10:45 AM – 11:00 – Coffee Break
- 12:00 PM – 1:00 PM – Lunch
- 2:45 PM – 3:15 PM – Coffee Break
- 4:30 PM – 6:00 PM – Social Reception (Door Prize Drawings will take place during the social reception)

### ***Thursday – May 2, 2019***

- 8:00 AM– 8:45 AM - Breakfast
- 10:15 AM – 10:45 AM – Coffee Break
- 11:45 AM – Closing lunch and Wrap-up
- 1:00 PM – Conference Adjourns/Exhibitor Breakdown

## **CONTACT FOR QUESTIONS REGARDING EXHIBITS AND SPONSORSHIPS**

Heidi Moss

Great Lakes Home Medical Services Association

500 W. Wilson Bridge Rd., Ste. 125

Worthington, OH 43085

Phone: 877-279-1707 / Fax: 614-467-2071 /email: heidi@greatlakeshme.org

## NETWORKING HIGHLIGHT - SOCIAL RECEPTION IN THE EXHIBIT HALL

The social reception will be held in the exhibit hall at the conclusion of the first day of the conference to maximize networking opportunities and capture the fun of “happy hour.” This is a great chance to break the ice with all of our attendees, and maybe make post-reception dinner plans to get in valuable face-time with current or future clients!

And remember...we do not require you to be at your booth at all times. We want to encourage you to GO to where the best networking is, whether that be on the exhibit floor, relaxing in the lobby, attending the educational sessions or chatting in the hall. Take advantage of this great regional audience and go “where the action is.” Please enjoy the relaxed atmosphere which lends a more informal, yet productive, type of networking opportunity... a chance to have fun while sharing ideas and experiences with your peers.

## EXHIBIT FEES

- Great Lakes members: \$525.00 (Includes full registration for two representatives)
- Non-member: \$650.00 (Includes full registration for two representatives)
- Additional reps: \$120.00/person

## BENEFITS OF EXHIBITING

- Meet face-to-face with association members, establishing contacts and building relationships that would be difficult to achieve with traditional marketing channels.
- Your contact information and company description will be provided to all attendees as a part of our conference Exhibitor Directory.
- Acknowledgement of your participation will be published in a post-event communication.
- Complimentary conference registration and meals for two of your company representatives.

## DOOR PRIZE DETAILS

If you would like to donate a give-away prize, that would be wonderful and gracious of you... not to mention another way to get exposure at the event! Past prizes range from products or services related to your company or unrelated popular items like gift cards, electronics, and other items.

***Bonus: If you bring a door prize valued at more than \$100, you will receive a set of attendee mailing labels after the program. (Mailing labels are only being offered to program sponsors.)***

## ASSIGNMENT OF SPACE

Full payment is required with the signed *Application/Contract for Exhibit Space and Sponsorship*. Only PAID vendor registrations will be recognized as participants. No exceptions will be made to this rule. Participants will be added to the vendor roster when payments are received, first come first served. The *Application for Exhibit Space and Sponsorship* shall not constitute a contract until we accepted and acknowledged the application and payment with a confirmation.

On the *Application/Contract for Exhibit Space and Sponsorship*, there is a map of tables. We ask you to please choose your top three table choices. Tables are assigned when payment has been received. Spaces are available on a first come, first served basis. We will make every effort to grant your first choice; however, if your table is taken we will assign your second choice, and so on. We thank you in advance for your cooperation and understanding.

## DISPLAY INFORMATION

The exhibit program is limited to a 6’ tabletop display with maximum height of 8 feet. Stationary construction of backdrops, display cases or additional display paraphernalia will not be allowed. The price of the table includes two chairs and two complimentary registrations per table. Sufficient lighting is provided for adequate illumination of the exhibit area. If require electricity for your display, contact Heidi Moss at the Great Lakes office, 877-279-1707 or heidi@greatlakeshme.org. There will be a \$15 fee for electricity.

## HOST FACILITY INFORMATION

Four Winds Casino Resort  
11111 Wilson Rd.  
New Buffalo, MI 49117

Great Lakes room rate: \$109  
Reservation #: 1-866-494-6371  
**Room block rate expires 4/11/2019**

## CRITERIA FOR ACCEPTANCE

Permission to exhibit may be granted to firms if their proposed exhibit meets the following criteria:

- Product/service relates specifically to the medical, scientific, educational aspects of the industry;
- Products/services to be displayed are safe when used in accordance with the instructions or recommendations of the applicant;
- Products/services are capable of safely performing in accordance with the claims made by the applicant;
- Products or services to be displayed contribute significantly to the educational goal of the overall program.

## SPONSORSHIP OPPORTUNITIES

We have created a support level for everyone's budget. We are pleased to offer the following for your consideration:

### 2019 Great Lakes Annual Conference Sponsorship Options\*

\$600	May 1 Luncheon Sponsor
\$250	May 1 Coffee Break
\$800	May 1 Social Reception Sponsor
\$350	May 2 Breakfast Sponsor
\$200	May 2 Coffee Break
\$500	Education Underwriter (up to 3 available) – also includes opportunity to introduce a speaker
\$250	Conference Advertiser - A popular option for anyone who can't attend. Send a promo item to be distributed on-site and we'll provide electronic copy of attendee contacts (post-show).

*\* All sponsors receive website recognition, signage during their respective event, recognition in the on-site program, member mailing labels prior to the event, electronic copy of attendees' contacts post-conference and recognition in article highlighting conference in post-event communications.*

# Application / Contract for Exhibit Space and Sponsorship

Please complete the Application / Contract for Exhibit Space and Sponsorship and return it to us by the deadlines outlined. Exhibitors should also return the exhibitor table map with preferences marked.

## REGISTRATION FEES:

### Exhibitor Fees:

Great Lakes Members.....	\$525.00	
Non-Members.....	\$650.00	\$ _____
Electricity.....	\$15.00	\$ _____
Additional Reps \$ 120.00 X ____ (# of extra reps more than two included with table)		\$ _____
Sponsorship to purchase: _____		\$ _____
<b>Grand total amount</b>	<b>\$</b>	<b>\$ _____</b>

## REGISTRATION CHECKLIST:

- 1) Fax the contract pages with credit card payment** to the attention of Heidi Moss, fax number 614-467-2071 (this is the best option to get first priority tables and sponsorship) **OR**
- 2) Mail contract pages and check payment** (made payable to Great Lakes Home Medical Services Association) to: Heidi Moss, Great Lakes Home Medical Services Association, 500 W. Wilson Bridge Rd., Ste. 125, Worthington OH, 43085
- 3) Forward your directory information.** Please provide a brief company description for the exhibitor directory that will be distributed at the show, and a High resolution logo (JPG, TIF, or GIF), preferably 300 dpi.

Contact Person: \_\_\_\_\_  
(Additional exhibitor participants can be added on following page)

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City, State & Zip)

### If paying by credit card...

Card type (circle one): VISA / MasterCard / AmEx

Name on credit card: (please print) \_\_\_\_\_

Billing address: (if different) \_\_\_\_\_  
(Street) (City, State & Zip)

Acct #: \_\_\_\_\_ CVV \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTENDEE NAMES** (For Exhibitor Directory listing and name badges.)

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Primary Rep Name:** \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

**2nd Rep Name:** \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

**3rd Rep Name:** (additional \$120 required) \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

**4th Rep Name:** (additional \$120 required) \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide a brief description (100 words or less) of your organization and service/product to be displayed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Don't forget to email your logo to [heidi@greatlakeshme.org](mailto:heidi@greatlakeshme.org)!***

## EXHIBIT TABLE SELECTION

In order of preference, please give us your top three choices for exhibit tables, per the exhibitor floor map below. Tables are available on a first come, first served basis. We will try our hardest to give you your first choice, but tables will go quickly, so please complete this form and turn it in as quickly as possible with your vendor registration form. **Tables without numbers are no longer available.** This form will be regularly updated online.

First choice: Table # \_\_\_\_\_      Second choice: Table # \_\_\_\_\_      Third choice: Table # \_\_\_\_\_

Please list any competitors that you request to NOT be placed beside: \_\_\_\_\_

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## CANCELLATION POLICY

No refund of any deposit or payments will be allowed for voluntary cancellation after April 24, 2019. No-shows will not receive any type of refund. All cancellations will be charged a \$25 administrative processing fee. For any questions regarding exhibits or sponsorship, contact Heidi Moss, at 877-279-1707, or send an email to [heidi@greatlakeshme.org](mailto:heidi@greatlakeshme.org).

