

# Great Lakes 2023 ANNUAL CONFERENCE & EXHIBITION

May 17-18, 2023 • Embassy Suites by Hilton at Notre Dame • South Bend, Indiana



(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 17-18, 2023, at the Embassy Suites by Hilton at Notre Dame in South Bend, Indiana. 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 SOCIAL SCHEDULE (\*Times subject to change; Exhibit tables are INSIDE the main room)**

### **Wednesday – May 17, 2023**

- 7:30 AM – 8:30 AM – Exhibitor Set-up; open at 8:30 AM
- Mid-morning coffee break
- 12:00 PM – 1:00 PM – Luncheon
- Mid-afternoon coffee break
- 4:15 PM – 5:00 PM – Exhibit reception (Door Prize Drawings will take place during the social reception)
- 6:00 PM – 9:00 PM – Notre Dame campus tour and social reception (separate charge)

### **Thursday – May 18, 2023**

- 8:30 AM– 9:00 AM – Breakfast
- Mid-morning coffee break
- 11:30 AM – Closing session and luncheon
- 1:00 PM – Conference adjourns/Exhibits break-down

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

Victoria Fastenau, Member Services and Operations Coordinator

Great Lakes Home Medical Services Association

4182 Worth Ave., Space No. I-115

Columbus, Ohio 43219

Phone: 740-739-7548 (office), 614-800-4164 (cell) / Fax: 614-467-2071 /email: [Victoria@selectassociationmanagement.com](mailto:Victoria@selectassociationmanagement.com)

## **BENEFITS OF EXHIBITING**

- Meet face-to-face with HME providers, industry leaders, establish contacts and build/renew relationships
- 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 popular giveaways such as gift cards, electronics and other items.

## **ASSIGNMENT OF SPACE**

Full payment is required with the signed *Application/Contract for Exhibit Space and Sponsorship*. 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. **Later in this document, there is a layout of the meeting room including a map of numbered exhibit 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**

Each exhibit space is located within the main meeting room and includes two 5-foot tables set up L-shape in an area approximately 7'x7' space. 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. If you require electricity for your display, there is a \$20 fee. Contact Victoria Fastenau in the Great Lakes office at [victoria@selectassociationmanagement.com](mailto:victoria@selectassociationmanagement.com) or on her mobile at 614-800-4164 to make arrangements.

## **HOST FACILITY INFORMATION**

Embassy Suites by Hilton at Notre Dame  
1140 East Angela Blvd.  
South Bend, Indiana 46617

Great Lakes group discount room rate: \$149.00  
Hotel phone: 1-574-400-2600  
Room block "cut off" date: 4/14/2023

Use the link below for reservations:

<https://www.hilton.com/en/book/reservation/deeplink/?ctyhocn=SBNESES&groupCode=CESGLM&arrivaldate=2023-05-16&departuredate=2023-05-18&cid=OM,WW,HILTONLINK,EN,DirectLink&fromId=HILTONLINKDIRECT>

## **SPONSORSHIP OPTIONS**

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

\$350	May 17 Breakfast
\$250	May 17 Morning Coffee Break
\$600	May 17 Luncheon <b>SOLD! (OxyGo)</b>
\$250	May 17 Afternoon Coffee Break
\$750	May 17 Exhibit hall reception
\$600	May 17 Notre Dame campus tour <b>SOLD! (VGM)</b>
\$1,500	May 17 Social reception (Sold as one co-sponsor at \$1,500 or two co-sponsors at \$750 each)
\$350	May 18 Breakfast
\$250	May 18 Morning Coffee Break
\$600	May 18 Luncheon <b>SOLD! (McKesson Medical-Surgical)</b>
\$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 an electronic copy of attendee contacts (post-show).

\* All sponsors receive website recognition, signage during their respective event, recognition in the on-site program, 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 (includes TWO representatives).....	\$595.00	\$ _____
Non-Members (includes TWO representatives).....	\$750.00	\$ _____
Electricity needed at exhibit table.....	\$20.00	\$ _____
Additional reps \$ 149.00 X _____ (# of extra reps if more than two attend)		\$ _____
Sponsorship purchased: _____		\$ _____
TOTAL AMOUNT:		\$ _____

## REGISTRATION CHECKLIST

- ☐ **1) Fax the contract pages with credit card payment** to the attention of Victoria Fastenau to secure 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: Great Lakes Home Medical Services Association, 4182 Worth Ave., Space No. I-115, Columbus, OH 43319.
- ☐ **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:** (no additional charge) \_\_\_\_\_

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

**2nd Rep Name:** (no additional charge) \_\_\_\_\_

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

**3rd Rep Name:** (additional \$149 required) \_\_\_\_\_

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

**4th Rep Name:** (additional \$149 required) \_\_\_\_\_

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

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

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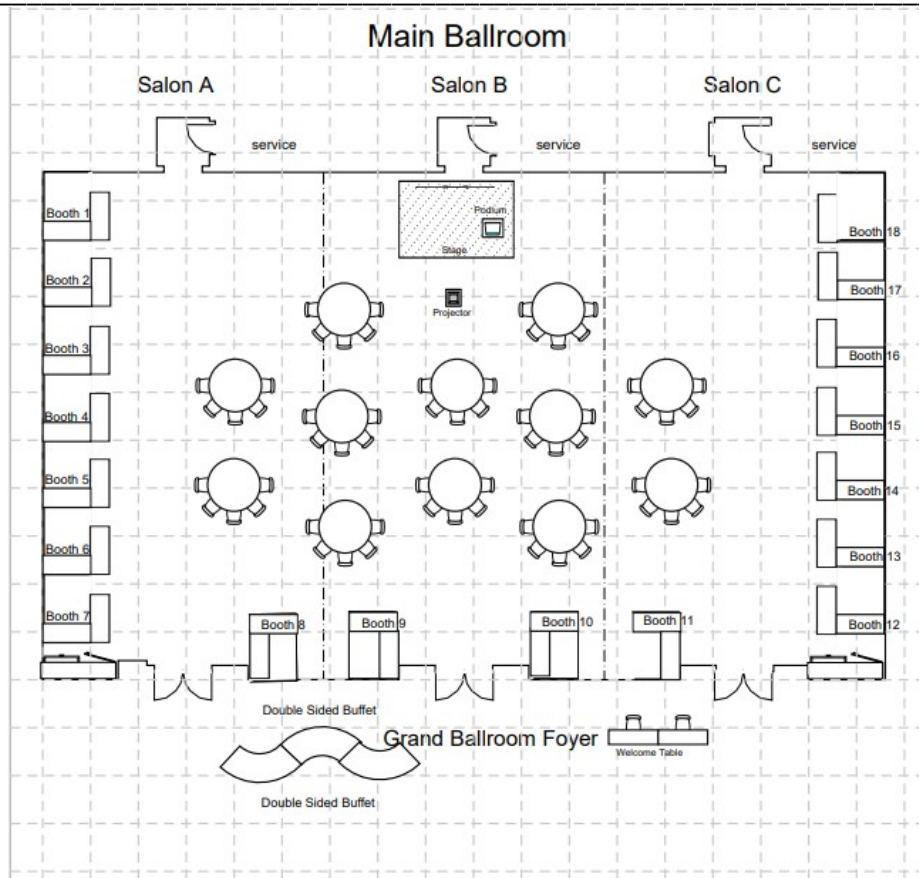
**\*\* Don't forget to email your logo to [victoria@selectassociationmanagement.com](mailto:victoria@selectassociationmanagement.com) \*\***

## 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 NOT to be placed beside: \_\_\_\_\_



Embassy Suites by Hilton South Bend at ... 62 seats 50 tables  
18 booths

Owner: Brittany Herrada  
Booking Name: Great Lakes 2023  
Event Name: Great Lakes  
Room Plan Name: Great Lakes Annual Conference & Exhibition: May 17th - 18th, 2023

## CANCELLATION POLICY

No refund of any deposit or payments will be allowed for voluntary cancellation after May 1, 2023. 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, please contact Victoria at 740-739-7548 (office), 614-800-4164 (mobile) or send an email to [Victoria@selectassociationmanagement.com](mailto:Victoria@selectassociationmanagement.com).