



INDIANA STATE
CHIROPRACTIC
ASSOCIATION

2010 SPRING CONFERENCE

Feb. 19-21, 2010
Holiday Inn North

EXHIBIT HALL DATES: FEB. 19-21, 2010

EXHIBITOR BOOTH PRICES

One Booth\$495
Two Booths\$795
Three Booths\$1,045

FEE INCLUDES ONE (1) SAT. LUNCH TICKET PER BOOTH. ADDITIONAL TICKETS CAN BE PURCHASED.

SHOW HOURS:

Friday 5:00- 10:00 p.m.
Saturday 7:30 a.m. - 6:00 p.m.
Sunday 7:30 a.m. - 1:00 p.m.

SET-UP: Fri. February 19, 3:00 - 5:00 p.m.

TAKE-DOWN: 1:00 p.m. Sun. Feb. 21
Please have everything cleared by 5 p.m.

BOOTH RENTAL INCLUDES: One 8' skirted display table, two folding chairs, an identification sign, one Saturday luncheon ticket. **If additional lunches are needed please indicate so on the exhibitor contract.**

NO EXTRA LUNCHESES WILL BE GIVEN WITHOUT PROPER PAYMENT.

REGISTRATION: Please check in at the registration desk opening at 4:00 p.m. on Friday. Exhibitors will receive a packet of information including luncheon tickets, name badges, convention program and itinerary.

SPACE ASSIGNMENT: Please contact Stephanie Higgins with requests. We will make every effort not to place direct competitors in close proximity.

ELECTRICITY: Contact Stephanie Higgins
317.673.4245 or
shiggins@LMVconsulting.com

SPONSORSHIP OPPORTUNITIES

\$2500 PRESENTATION SPONSOR

- Welcome address at the Annual Meeting
- Logo recognition in marketing materials
- Promotion table at registration area
- First choice of spots for registration booths
- Up to 3 exhibiting booths (\$1045 value)
- Logo recognition on all event signage and materials
- 1 free full-page ad in conference program (\$150 value)
- 4 tickets to lunch (\$120 value)

\$2000 DINNER GALA SPONSOR (BLACK TIE OPTIONAL)

- Welcome address by your representative during the Dinner Gala
- Option for Company-provided promotional giveaway/gift bag at the event
- 4 tickets to the Dinner Gala (\$300 value)
- 1 exhibiting booth
- Signage at the Dinner Gala
- Program recognition
- Sponsor sign recognition
- Picture taken with the Lemon Wheel band at the event!

\$1500 SATURDAY LUNCH SPONSOR

Spotlight your company to all Saturday attendees.

- Welcome address by your representative
- Ability to place educational materials at each seat
- Reserved table at lunch
- 4 tickets to lunch (\$120 value)

\$1000 LANYARD SPONSOR

- 1 exhibiting booth
- Logo placement on attendee name badge lanyards

\$1000 GIVEAWAY SPONSOR

- Name and logo recognition in marketing materials
- 1 exhibiting booth

\$500 VENDOR PASS SPONSOR

- Name on pass given to all attendees

\$300 BREAK SPONSOR

- Promotion area during break only
- Name and logo recognition in marketing materials
- Signage during break

\$100 CONFERENCE SPONSOR

- Provide attendees with items, or a brochure, to be given out at registration
- Name and logo recognition in marketing materials

HOTEL INFO:

Holiday Inn North at the Pyramids
3850 N. Depauw Blvd.
Indianapolis, IN 46268
317-872-9790

ISCA DINNER GALA : SAT., FEB. 20

Enjoy the company of chiropractors and their spouses at this Black Tie (optional) Gala. This affair is a great way to network with chiropractors from throughout the state and enjoy a wonderful evening after Saturday's Spring Conference sessions have concluded. The ISCA Gala includes dinner and will feature the Lemon Wheel band as entertainment for the evening. Dinner, live music and dancing! Bring your dancing shoes! Learn more about the Lemon Wheel band online at www.lemonwheel.com.

TICKETS CAN BE PURCHASED FOR \$75.

QUESTIONS ABOUT SPONSORSHIP?: Contact Stephanie Higgins 317.673.4245 or shiggins@LMVconsulting.com

SPONSORSHIP FORM

Name: _____ Title: _____

Address: _____ City, State, Zip: _____

Email: _____ Phone: _____

Fax: _____ Website: _____

FOR EXHIBITORS ONLY: We would like our exhibitor sign to read as follows:

1 Booth \$495 2 Booths \$795 3 Booths \$1,045

Names of rep. attending (for name badges): 1. _____ 2. _____

3. _____ 4. _____ 5. _____

_____ # Extra Luncheon Tickets Needed (\$30 each)

I do not need ANY Luncheon tickets.

_____ # 'Dinner Gala' Tickets Needed (\$75 each)

I do not need ANY 'Dinner Gala' tickets.

FOR SPONSORS ONLY: Sponsorship Level: _____ Total Cost: _____

Item Donation: _____ Value: _____

Check enclosed payable to ISCA

Please bill my credit card. Card Type: AMEX Visa Mastercard Cardholder: _____

Card #: _____ Exp. _____ 3 digit security #: _____

Signature: _____

RETURN TO: Indiana State Chiropractic Association 200 S. Meridian St., Suite 350, Indianapolis, IN 46225
or via fax at 317.673.4210 (include at least 50% of booth space rental)