## **ACUU Conference 2015** June 9 & 10, 2015 • The Desmond, Albany NY

## **Sponsor/Exhibitor Registration Form**

(Use this form ONLY if you are NOT registering on-line)

Thank you for your commitment to participate in the 2015 "Aging Concerns Unite Us" conference. Your generous support helps to provide high-quality educational programming for the aging network. For a full list of benefits visit our ACUU website at www.agingny.org

Company/Organization:

| <b>Contact Person</b>        | :   |                   |                    |                        |                          |
|------------------------------|---|-------------------|--------------------|------------------------|--------------------------|
| Address: _                   |   |                   |                    |                        |                          |
| City/State: _                |   |                   | Zip:               |                        |                          |
| Phone:                       | Fa  | nx:               |                    |                        |                          |
| Email Address:               |   |                   |                    | <u>-</u>               |                          |
|                              | Attendee Nar  | nes & Meal        | Assignme           | ents                   |                          |
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|                              | rels include limited meal using this form. (see nex | t page, part D fo | or applicable i    |                        |                          |
| Name                         |   | \$30<br>6/9 lunch | \$45<br>6/9 dinner | \$25<br>6/10 breakfast | •                        |
| Name                         |   | 6/9 lunch         | 6/9 dinner         | 6/10 breakfast         | 6/10 lunch               |
| Name                         |   | 6/9 lunch         | 6/9 dinner         | 6/10 breakfast         | 6/10 lunch               |
| Name                         |   | 6/9 lunch         | 6/9 dinner         | 6/10 breakfast         | 6/10 lunch               |

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### **SPONSOR/EXHIBITOR REGISTRATION - PAGE 2**

| AJ     | Sponsorship Options   |   |   |   |
|--------|---|---|---|---|
|        | Diamond Sponsor   | \$5,000   | Luncheon Sponsor  | \$2,500   |
|        | Gold Sponsor  | \$3,200   | Break Sponsor   | \$2,500   |
|        | Conference Bag Sponsor  | \$2,500   | Silver Sponsor  | \$1,600   |
| (B)    | Exhibitor Options 6 foot table complimentary for Full Conference Exhibit Tab  |   | eak/Silver Sponsors, 8 foot to<br><b>Early Bird</b><br>Paid by May 22 | able complimentary for Diamond Sponsors.<br><b>Regular Rate</b><br>Paid on/after May 22 |
|        | Six-foot skirted exhibit tabl   | e   | \$625   | \$725   |
|        | Upgraded eight-foot skirted   | l table   | \$825   | \$925   |
|        | Electrical Access Needed  |   | Yes (no charge)   |   |
| (C)    | Program Advertising Opportunities  Half Page (5"x4" black and white)  Full Page (5"x8" black and white)  Full Page premium space (color)  \$150 (complimentary for Silver Sponsor)  \$200 (complimentary for Gold Sponsor)  \$475 (complimentary for Diamond Sponsor) |   |   | entary for Gold Sponsor)  |
| (D)    | Networking Events<br>Meals are not included at the  | <u>Exhibitor level</u> a                                | and need to be purchased, us  | ing this form.  |
|        | Bag/Silver sponsor packages   | Bag/Silver spot<br>0@ \$25<br>d with Diamond,<br>@ \$30 | nsor packages   | nd 1 ticket with  cket with Luncheon/Break/Conference                                   |
|        |   |   | ckets included with Gold and  | 1 ticket with Luncheon/Break/Conference   |
|        | Bag/Silver sponsor packages   |   |   |   |
|        | Tuesday, June 9   | @ \$45  |   |   |
| Please | note there is a surcharge for all   | meals purchased   | l on site.  |   |
| Gran   | d Total A + B + C + D =   | <u> </u>  |   |   |
|        | Please send this form (A  | LL 3 PAGES) wi  | ith your check payable to "   | Association on Aging in NY" to:   |

#### Association on Aging in New York

272 Broadway • Albany, NY 12204-2717

Questions? Contact Aging NY staff at (518) 449-7080 or by e-mail <a href="mailto:karen@agingny.org">karen@agingny.org</a>

Form can be faxed to: FAX (518) 449-7055

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#### **EXHIBITOR REGISTRATION - PAGE 3**

**Assignment of space** - *Aging NY* will assign booth space as appropriate and a floor plan will be provided to exhibitors in advance of the conference. AGING NY reserves the right to alter the floor plan and reassign booth space at any time if deemed in the best interests of the exhibition.

**Exhibit fees and payment -** Applications will <u>not</u> be processed or space assigned without the required payments. All applications must be accompanied by full payment. Checks should be made payable to Aging NY and must be mailed to *Aging NY*, 272 Broadway, Albany, NY 12204. Receipt of payment does not obligate *Aging NY* to accept a contract as binding. AGING NY retains the option of returning funds.

**Cancellations** - Cancellations of exhibit space must be directed in writing to *Aging NY*, 272 Broadway, Albany, NY 12204. All payments are subject to forfeiture, if space is cancelled on or after April 30, 2015. Cancellations prior to April 30, 2015 will be assessed a \$100 processing fee. In case of fire or any other causes beyond the control of *Aging NY* that prevent holding the show, this contract will not be binding.

#### **Photography Policy**

Each registrant grants the Conference permission to photograph participants in any session, and to use such photographs and the names of attendees in any materials which either represent the proceedings of the Conference or promote future Conferences.

Use of Space - No exhibitor shall assign, sublet or share space without the consent of the Aging NY.

**Liability and Insurance** - Upon receipt of payment at the *Aging NY* office, the exhibitor releases and agrees to indemnify *Aging NY*, its officers, managers, members, sponsors or contracted staff, and agents and render them harmless from any suit or claim for property loss or damage or personal injury by whomsoever sustained, including exhibitors and its agents or employees, on or about the exhibitor's display space or arising out of exhibitor's participation in the expositions, including such damage or injury resulting in part from the negligence of one or more of the aforementioned indemnities. Although all reasonable care to prevent loss, including security and fire protection, will be taken, *Aging NY* will not be responsible for damage by fire, theft, accidents or other causes. It is recommended that each exhibitor carry insurance against damage or theft of the property exhibited since goods and property remain in the sole possession and custody of each exhibitor at all time.

**Fire Regulations** - Materials to be used in the Exhibit Hall must be nonflammable to conform to the Fire Regulations of Albany, New York. Material not conforming to such regulations will be removed at the exhibitor's expense. All door openings and aisles must be kept clear by order of the Fire Marshal. Absolutely no storage of material of any type is allowed behind or between booths. Exit signs, fire alarms and fire extinguishers must be visible at all times.

**Exhibitor Registration & Housing -** Exhibitor registrations are good for admission to the Exhibit Area. Exhibitors are responsible for making their own travel and hotel arrangements.

**Conference Registration Information - Exhibitors** are welcome to attend the general session presentations. Exhibitors who wish to attend the educational component of ACUU (i.e. workshops) must register as a conference attendee. Meal functions are available for individual purchase (see registration form).

**Staffing -** Each Exhibitor is required to have a person monitoring its booth at all times during open hours.

**Installation/Dismantling** - All exhibits must be completely installed by 10:00 AM on June 9th. Exhibitors will not dismantle their booths prior to the close of the show. Exhibitors are responsible for the breakdown and shipment of their own materials after show closing.

| •                            | ees to retain the sole responsibility at all times for the security of | of all exhibit materials. |
|------------------------------|--|---------------------------|
| I agree to the terms and gui | delines stated above.  |                           |
|                              |  |                           |
| Signature                    | Print Name & Company   | Date                      |

Questions? Contact Karen Thornton at (518) 449-7080 ext. 11 or by e-mail <a href="mailto:karen@agingny.org">karen@agingny.org</a>
Form can be faxed to: FAX: (518) 449-7055