



EXHIBITOR REGISTRATION
ANNUAL CONFERENCE AND TRADE SHOW
AUGUST 27-29, 2019 – HILTON EASTON COLUMBUS

ALL EXHIBITOR APPLICANTS MUST COMPLETE

Company Information

Date: _____

LeadingAge Ohio Member: Yes No

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Company Telephone(s): _____

Website: _____ Trade Show Key Contact*: _____

Title: _____ Email: _____

Telephone: _____ (*NOTE: Key Contact will receive all communications going forward.)

25 word description of product or services offered:

Booth Representatives

Two Booth representatives are included with each exhibit booth registration.

Additional booth representatives may be added for an additional \$150.

Limit: 4 representatives per booth

Please list name and title for each booth rep.

1. Name: _____ 3. Name (\$150 fee): _____

2. Name: _____ 4. Name(\$150 fee) : _____

Exhibit Booth Selection:

Please list your preferred booth locations: 1st _____ 2nd _____ 3rd _____ 4th _____

List types of companies you do not wish to be placed near: _____

Company Category

SELECT ONE CATEGORY BELOW THAT BEST DESCRIBES YOUR COMPANY:

- | | | |
|---|--|---|
| <input type="checkbox"/> Accounting / Audit | <input type="checkbox"/> Financial | <input type="checkbox"/> Retirement Planning |
| <input type="checkbox"/> Architecture / Construction / Design | <input type="checkbox"/> Food / Dietary Service | <input type="checkbox"/> Safety and Security Aids |
| <input type="checkbox"/> Communications /Technology | <input type="checkbox"/> Furniture | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Compliance | <input type="checkbox"/> Insurance / Risk Management | <input type="checkbox"/> Wellness |
| <input type="checkbox"/> Consulting (type) _____ | <input type="checkbox"/> Legal | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Data Management | <input type="checkbox"/> Marketing | |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Medical Products | |
| <input type="checkbox"/> Executive Search / Recruitment | <input type="checkbox"/> Pharmaceutical | |
| <input type="checkbox"/> Facility Management | <input type="checkbox"/> Rehabilitation | |

Select your options below and calculate total payment

BOOTH PRICES

Member	<input type="checkbox"/> \$950
Non-Member	<input type="checkbox"/> \$1,650

Exhibitor Booth Registration Fee Subtotal

Additional Booth Rep

Exhibitor Total

EARLY EXHIBITOR MOVE-IN	Tuesday, August 27	7:00 pm – 9:00 pm
EXHIBITOR MOVE-IN	Wednesday, August 28	9:00 am – 11:30 am
TRADE SHOW OPEN, with lunch	Wednesday, August 28	11:45 am – 2:00 pm
EXHIBITOR MOVE-OUT	Wednesday, August 28	2:15 pm – 4:30 pm
CASINO NIGHT, w/attendees	Wednesday, August 28	5:00 pm – 8:00 pm

Exhibitor Agreement

READ CAREFULLY BEFORE SIGNING BELOW TO VALIDATE REGISTRATION.

You will receive a confirmation email from Corey Markham when your registration has been accepted. Booth registrations must be paid in full by June 28. Booths registrations not paid in full at that time will be cancelled and open to selection by other exhibitors. Booth registrations received on July 1 or after must be paid in full at time of registration. Booth registrations cancelled after August 1, 2019 is subject to a \$500 cancellation fee.

By signing below, I agree to the conditions noted above and the Exhibitor Agreement.

Signature (Required): _____ Date: _____

Submit Payment

Keep a copy of this document for your records. Upon receipt of payment, LeadingAge Ohio will email registration verification and payment details.

Pay by Credit Card:

Email completed Registration Form with credit card information covering required payment to: cmarkham@leadingageohio.org

Check One:

VISA MasterCard American Express Discover

Name on Card (*please print*) _____

Card Number: _____

Expiration Date: _____ 3-Digit Security Code Number on Back of Card: _____

Cardholder Signature (Required): _____

Date: _____ Amount to charge at time of registration: _____

Pay by check:

Mail completed Registration Form with full payment to:

LeadingAge Ohio
ATTN: Corey Markham
2233 North Bank Drive
Columbus, Ohio 43220

FOR LEADINGAGE OHIO USE ONLY:

Date Received: _____

Amount: _____

Check No: _____

