



EXHIBITOR REGISTRATION  
ANNUAL CONFERENCE AND TRADE SHOW  
AUGUST 4-6, 2021 – 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.  
Due to hotel guidelines we cannot allow more than two booth reps in a space for 2021.

Please list name of each booth rep.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Exhibit Booth Selection:

Please list your preferred booth locations: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

Please make sure you review the [Floor Plan Booth](#) located on the LeadingAge Ohio website for the most up to date availability

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 option below

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

<b>EARLY EXHIBITOR MOVE-IN</b>	Wednesday, August 4	6:00 pm – 8:00 pm
<b>EXHIBITOR MOVE-IN</b>	Thursday, August 5	9:00 am – 11:30 am
<b>TRADE SHOW OPEN, with lunch</b>	Thursday, August 5	11:45 am – 2:00 pm
<b>EXHIBITOR MOVE-OUT</b>	Thursday, August 5	2:15 pm – 4:15 pm
<b>GAMING NIGHT, w/attendees</b>	Thursday, August 5	5:30 pm – 7:30 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 July 23. Booths registrations not paid in full at that time will be cancelled and open to selection by other exhibitors. Booth registrations received on July 23 or after must be paid in full at time of registration.

Booth registrations cancelled after July 23 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](mailto: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: \_\_\_\_\_