

# The Center for Self-Determination FALL CONFERENCE EXHIBITOR CONTRACT

October 13 & 14, 2010  
Causeway Bay Hotel  
Lansing, MI

Exhibit Coordinators: Chris Ward  
(517) 374-6848  
cward@macmhb.org

Company: (print as you would like to see your name in the agenda)

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Products and Services to be Exhibited:

**Badges to Read:** (Your fee includes 1 person; there is a \$100 charge for each additional person.)

1) \_\_\_\_\_ 2) \_\_\_\_\_

## EXHIBITOR FEES

\$350 entitles you to exhibit your products and/or services throughout this conference. This fee also includes 1 complimentary conference registration which includes attendance to all plenary sessions and workshops, 2 breakfasts, 2 lunches for 1 person at your booth.

## EXHIBIT DETAILS

**Exhibit Size:** Exhibit tables are 6' skirted tables. Contact Chris Ward if you require additional space.

Do you have a tabletop or floor display? \_\_\_ Tabletop \_\_\_ Floor Additional info: \_\_\_\_\_

**AV Requirements:** \_\_\_ Electricity (no additional charge)  
\_\_\_ T-1 High Speed Internet Connection (**call for rate information**)

**Meals:** Cost for 1 person is included in the price of your exhibit fee. Check the number of tickets needed:  
\_\_\_ Wed Brkfst \_\_\_ Wed Lunch \_\_\_ Thurs Brkfst \_\_\_ Thurs Lunch

**Special Needs:** If You Have Special Dietary Or Physical Needs, Please Specify: \_\_\_\_\_  
Who is the special need for: \_\_\_\_\_ Arrangements for special needs will be honored for those written requests received 10 business days prior to the conference. Clearly state your specific needs for mobility assistance, interpreters, etc. Attempts for on-site requests will be made.

**Set Up Times:** Wednesday, Oct. 13 beginning at 6AM

**Tear Down Time:** Thursday, Oct. 14 after 12pm

### Shipping Details:

Deliveries should arrive at Hotel no more than three (3) days prior to the Groups arrival. Handling charges will apply as follows: All boxes are allowed 1 day free storage (M-F); Handling fees: Boxes \$10 each; pallets \$100 each; storage fees: Boxes \$5 each; pallets \$100 each. The Hotel does not accept any liability for equipment, goods, displays or other materials which arrive unmarked or fail to arrive at the Hotel. The group or individual is responsible for insuring its property for loss or damage. Any materials being sent to the Hotel must be marked as follows:

1. Hold for Arrival - Attn: Guests Name, Organization Name
2. Complete Return Address
3. Conference Name

**Ship Materials to:** Causeway Bay Hotel, 6820 Cedar Street, Lansing, MI 48911-6907 517-694-8123

## SPONSORSHIP CATEGORIES

*The Center values and appreciates the participation of its sponsors at this conference.*

*Events will be assigned on a first-come, first-served basis.*

*To better assist sponsors with determining what level of participation they choose, participation is available in several categories. Please mark the category you wish to reserve:*

\_\_\_\_\_ **\$1500** entitles you to 1 registration, logo on conference materials, frequent mentions throughout conference, **sponsorship of 1 meal or 1 break**  
\_\_\_ Wednesday P.M. Break \_\_\_ Thursday Breakfast \_\_\_ Thursday A.M. Coffee

**\$3000** entitles you to 2 free registrations, logo on conference materials, frequent mentions throughout conference, **sponsorship of 1 breakfast or 2 breaks**

Wed Breakfast  Wed. P.M. Break  Thurs.Breakfast  Thurs. A.M. Break

**\$5,000** entitles you to sponsorship of a **luncheon or plenary session**. You will receive media mentions, your logo on the website and 2 free conference registrations

Tues Lunch/Plenary  Wed Lunch/Plenary

**REGISTRATION DEADLINE: Sept. 10, 2010 (sorry, no refunds)**

Check Enclosed (payable to MACMHB)

Credit Card. MACMHB now uses Paypal to process credit cards. If you would like to pay by credit card you must register online. Go to [www.macmhb.org](http://www.macmhb.org), look under Services; then Conferences & Trainings and click on the Fall Conference link.

**Return to: 426 S. Walnut, Lansing, MI 48933; Or FAX form to 517-374-1053**

**AGREEMENT**

We hereby agree and understand that all exhibitors are responsible for maintaining their exhibit space in a safe manner and that the Michigan Association of Community Mental Health Boards is not responsible for any injuries or for damage or theft of any products/property.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_