



DELAWARE HEALTH CARE FACILITIES ASSOCIATION

FALL EDUCATION CONFERENCE & TRADE SHOW

THURSDAY, SEPTEMBER 29, 2022
8 AM - 4:15 PM

MODERN MATURITY CENTER,
DOVER, DE



Sponsor and Exhibitor Opportunities

- Event Sponsor: \$5,000
- Breakfast Sponsors (2): \$1,500
- Lunch Sponsors (2): \$2,500
- Snack Sponsor (1): \$1,250
- Exhibitor Table Only (15):
 - Members: \$495
 - Non-members: \$750

RESERVE YOUR TABLE NOW

+302-235-6895

Contact Tomi Morris
tmorris@dhcfa.org



BENEFITS

- Includes breakfast | snacks | lunch for one
- 125-150 administrators | nurses | staff expected
- Three times to mix-and-mingle
- Attendees visit exhibits for prizes
- Marketing material drop, additional benefits for sponsors
- Sponsors get 1st priority, then Associate Members, for space

Featured Education Session:



Dementia Live! Tabletop Exercise



COVID-19 vaccination or a negative test will be required for attendance. Screening protocols will be in place.

Company Name: _____ Member Non-Member
 Address: _____
 City | State | Zip: _____

 Phone: _____ Website: _____
 Contact Person: _____ Title: _____
 Email: _____ Direct Phone: _____

DHCFA will do its best to locate companies away from each other. Please be specific when describing your goods and services:

Principle products to be promoted at the Trade Show: _____

Please list any companies you DO NOT want to be next to: _____

Person listed will appear as the Company Contact in the program to be included in attendee packet:

Name: _____ Title: _____
 Email: _____ Phone: _____

PLEASE SELECT:

- Event Sponsor \$5,000
- Lunch Sponsor \$2,500
- Breakfast Sponsor \$1,500
- Break Sponsor \$1,250
- Exhibitor- Member \$ 495
- Exhibitor – Nonmmbr \$ 750

TABLE LOCATION: All exhibit locations are placed on the perimeter of the ballroom. Attendee tables are in the center space. A floor plan will be available September 1. Sponsors receive first choice, followed by Associate members, and ranked by payment date.

DOOR PRIZES: DHCFA holds a door prize raffle at the end of the day and you present the door prize!

Please indicate: We WILL WILL NOT supply a door prize

ALL Exhibitors receive meals for one representative. Sponsors receive two. Additional meal tickets for additional representatives are available for \$ 50 each.

REPRESENTATIVE ATTENDING:

Name:: _____ Title: _____ Email: _____
 Name:: _____ Title: _____ Email: _____
 Name:: _____ Title: _____ Email: _____

Delaware Health Care Facilities Association is hereby authorized to reserve sponsorship/space for us in the exhibit area of the Fall Educational Conference & Trade Show at the Modern Maturity Center, Dover, Delaware. We agree to abide by all requirements and deadlines. We understand that payment will secure our sponsorship/space.

Signature: _____ Date: _____ **AMOUNT DUE:** _____



Delaware Health Care Facilities Association

"Fostering Quality Care in the Long Term Care Continuum since 1963"

501 Silverside Rd, Suite 51, Wilmington, DE 19809 Phone: 302-235-6895 Secure Fax: 302-239-4214

FALL EDUCATION CONFERENCE AND TRADE SHOW CREDIT CARD AUTHORIZATION FORM MAIL or FAX only. Do not email.

Company: _____

Contact: _____

Phone: _____ Email: _____

Name on Card: _____

Card Number: _____

Expiration Date: _____

Sponsorship for Exhibitor Total: \$ _____

_____ Extra Meal Tickets @\$50 ea: \$ _____

TOTAL AMOUNT TO BE CHARGED: \$ _____

Please provide the person's name who is to receive the receipt, their fax number and email:

Name: _____

Email: _____

Phone: _____

Mail to: DHCFA 501 Silverside Road, Ste 51 Wilmington, DE 19809 or FAX to: 302-239-4214