

2012 OAHCP/OKALA
Convention & Trade Show
Exhibitor's Prospectus



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EMBASSY SUITES®

Norman - Hotel & Conference Center

The OAHCP/OKALA Convention & Trade Show will provide your company with exceptional exposure to not-for-profit and for-profit skilled nursing and rehabilitation centers and assisted living facilities throughout the State. Conference attendees, invest millions of dollars each year on goods and services, making this event an attractive showcase for your company. Whether you attend to meet clients and prospects or build brand and product recognition, you will find your target audience. **Join us May 7-9, 2012, at the Embassy Suites Norman Hotel & Conference Center, 2501 Conference Drive, Norman, OK to meet new clients and to socialize with old friends.** Take advantage of this 2 day opportunity to showcase your company through sponsorship, trade show and promotional opportunities. We hope you can join us!



LODGING: We have a block of rooms available at a special room rate of \$135 (single/double); however, you must state you are attending the OAHCP/OKALA Convention & Trade Show. The cut off date is **Sunday, April 22nd**. The local number for reservations is 405.253.3547 or we have a link on our website www.oahcp.org for on-line reservations or you can go to www.norman.embassysuites.com using the **Code: OAH**. Smoking rooms are available but limited so make your reservations early.

PARKING: Free Parking -- Free Parking -- Free Parking and there is plenty of available parking with easy access on the North side of the Embassy for loading and unloading your displays.

PLACEMENT: CARE donors, OKALA Platinum Partners and SPONSORS will receive premium placement in the trade show. Other exhibitors will be placed based on membership and on a first-come, first-served basis.

BOOTH DECORATOR: The official show decorator is **Event1** at www.event1inc.net please contact them for additional services. **The exhibit space is carpeted; it will NOT be necessary to purchase carpet or electricity.** Electrical upgrades and Internet are available at your expense. If you are shipping event material, you must make your shipping arrangements through **Event1**. **DO NOT SHIP DIRECTLY TO THE EMBASSY SUITES NORMAN.**



OZMANIA RECEPTION: Come dressed as your favorite or most fitting *Wizard of Oz* character! Join us at the end of the Yellow Brick Road and somewhere over the rainbow for a night of fun for Monday night opening reception. Light hors d'oeuvre and cash bar available.

BEST BOOTH CONTEST: We encourage you to decorate your booth and have fun with our theme **“There’s No Place Like Home”**. Participants will evaluate your space and vote on who has the best “themed” booth for their category. Categories are: **Food and Beverage, Medical Equipment/Supplies, Pharmacy, and Services** (home health, hospice, financial, insurance). The booth voted best in each category by the attendees will win \$500 credit to exhibit at the 2013 OAHCP/OKALA Convention and a yellow brick!

HOSPITALITY SUITE SPONSOR: Exclusive opportunity to host hospitality suite on May 8th or May 9th. Bids will start at \$1,000, please designate your preferred day to host. The sponsor with the highest bid on **April 16, 2011**. will retain exclusive rights to host. Winning bidder will be recognized by signage in the conference area as well as on daily agendas. **Sponsorship does not include food or beverage which must be arranged separately.** Bids will remain confidential with the exception of the winning bid. Bids may be made by email to executivedirector@okala.org.

PRIZES AND PRIZE ANNOUNCEMENTS: If you are offering a door prize, **drawings will be during lunch each day and posted** so recipients can contact you for pickup. Attendees must claim their prizes from exhibitors; **exhibitors are responsible for delivering unclaimed prizes to the winners.**

PROGRAM LISTING: All exhibitors will be provided a one paragraph listing to promote their products, contact information and logo in the convention program. Logos must be in jpeg format and all information sent electronically to cmappes@oahcp.org. **Faxed information CANNOT be transferred into program.** A list of exhibitors and sponsors will be published in the Convention program. **Deadline for inclusion is Mon., March 5th.**

CANCELLATION: If an exhibitor finds it impossible to attend the Convention, and a letter is received at the OAHCP office to that effect by 5:00 pm March 5th, the exhibitor will be charged an administrative fee of \$200 per booth and the balance of the booth price will be refunded and released from contract. Cancellation after COB March 5th will result in forfeiture of all pre-paid amounts.

TRADE SHOW PACKAGES

Member rates applies to OAHCP or OKALA membership

Registration deadline is Monday, March 5th.

- | | | | |
|---------------|---|--------------------|--|
| OZ | \$2,000 member | \$2,500 non-member | |
| | <ul style="list-style-type: none"> ▪ Space for vehicle or van ▪ Two (2) registrations with name badges which include all food & beverage | | |
| | | | |
| TOTO | \$2,000 member | \$2,500 non-member | |
| | <ul style="list-style-type: none"> ▪ Two (2) 8'x10' booths in the Ballroom Trade Show area with Internet ▪ Four (4) registrations with name badges which includes all food & beverage | | |
| | | | |
| LION | \$1,150 member | \$1,900 non-member | |
| | <ul style="list-style-type: none"> ▪ One 8'x10' booth in the Ballroom Trade Show area ▪ Two (2) registrations with name badges which includes all food & beverage | | |
| | | | |
| DORTHY | \$1,150 member | \$1,900 non-member | |
| | <ul style="list-style-type: none"> ▪ One 8' table top located in the hallways outside the Trade Show ▪ Two (2) registrations with name badges which includes all food & beverages | | |

EXHIBITOR FEE INCLUDES:

- One 8' x 10' booth w/6' skirted table inside Ballroom area **OR**
One 8' skirted tabletop display in foyer outside trade show area;
- Only Ballroom area receives 8' high back drapes with 3' high side dividers;
- Electricity (standard 120 volt; 10 amp circuit; 1000 watts);
- Wastebasket, exhibitor identification sign & 2 chairs;
- On-line exhibitor assistance kit;
- 2012 Senior Living Directory and List of Attendees;
- **Monday Night OZMANIA Reception**
- Continental Breakfast, Breaks & Lunch for only two people on both days;
- Listing in the Convention Program; and
- Recognition in Convention printed materials for any advanced sponsorship

The cost for 2 day Internet is \$40.00

TRADE SHOW HOURS

Monday, May 7th	1:00 pm – 4:30 pm 4:30 pm – 6:00 pm	Trade Show Move in OZMANIA Reception
Tuesday, May 8th	10:00 am-5:00 pm 10:00 am-11:00 am 11:00 am-12:00 pm 12:30 pm- 2:00 pm 3:00 pm- 3:30 pm	Trade Show Opens Grand Opening Exhibitor's Lunch LUNCH & DOOR PRIZES BREAK
Wednesday, May 9th	9:00 am -- 1:30 pm 10:00 am – 10:30 am 11:00 am – 12:00 pm 12:00 pm – 1:15 pm 1:30 pm	Trade Show Opens Trade Show Attendee's Break Exhibitor's Lunch LUNCH & DOOR PRIZES Exhibitor Tear Down, no exceptions

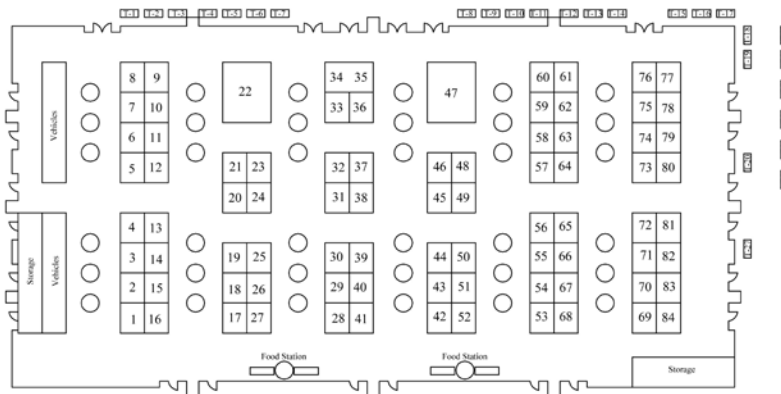
MEETING SCHEDULE AT A GLANCE

Program is tentative and subject to change

Monday, May 7th	<p>12:00 pm - 12:30 pm OAHCP & OKALA Annual Meetings</p> <p>11:00 am - 4:00 pm Registration Open</p> <p>1:00 pm - 4:30 pm Education Program</p>
Tuesday, May 8th	<p>7:15 am - 5:00 pm Registration Open</p> <p>7:30 am - 8:30 am Continental Breakfast</p> <p>8:30 am - 10:30 am Opening Session</p> <p>10:00 am - 11:00 am TRADE SHOW GRAND OPENING</p> <p>11:00 am - 12:30 pm Education Program</p> <p>12:30 pm - 2:00 pm LUNCH IN TRADE SHOW</p> <p>2:00 pm - 3:00 pm Education Program</p> <p>3:00 pm - 3:30 pm B R E A K IN TRADE SHOW</p> <p>3:30 pm - 5:30 pm Education Program</p>
Wednesday, May 9th	<p>7:15 am - 11:00 am Registration Open</p> <p>7:30 am - 8:30 am Continental Breakfast</p> <p>8:30 am - 10:00 am Education Program</p> <p>9:00 am Trade Show Opens</p> <p>10:00 am - 10:30 am B R E A K IN TRADE SHOW</p> <p>10:30 am - 12:00 pm Education Program</p> <p>12:00 pm - 1:15 pm LUNCH IN TRADE SHOW</p> <p style="padding-left: 40px;">1:30 pm TRADE SHOW BREAK DOWN</p> <p>1:15 pm - 2:15 pm Education Program</p> <p>2:15 pm - 2:30 pm B R E A K</p> <p>2:30 pm - 4:30 pm Closing Session</p>

TRADE SHOW FLOOR PLAN &

OAHCP/OKALA Conference 2012
Embassy Suites and Conference Center



SPONSORSHIP OPPORTUNITIES

OAHCP/OKALA wants to afford you the opportunity for additional exposure for your company's products and services at our Convention & Trade Show. This is your chance to distinguish your company from the rest and support OAHCP/OKALA in a special way!

All sponsorship receive $\frac{1}{4}$ page color ad unless noted otherwise.

OZMANIA RECEPTION SPONSOR:

(4) \$1,000

Monday evening with welcoming reception, this is your opportunity! You will receive acknowledgement, signage and 10 drink coupons which you can distribute to any attendee.

MONDAY OR TUESDAY HOSPITALITY SUITE SPONSOR:

(2) \$1,000

Sealed bids will be accepted at executivedirector@okala.org till Monday, April 16th to host Monday or Tuesday evening. You can provide food and beverage in the designated hospitality suite for a one-on-one marketing opportunity.

TUES/WED KEYNOTE SPEAKER SPONSOR:

(2) \$3,500

- Introduction of Speaker and 3 minutes to address the audience
- Opportunity to distribute company literature in the session
- Sponsorship Recognition in Convention Program & Entrance Signage
- Prime Booth Location in Trade Show & Full Page Color Ad

LUNCH SPONSOR:

(4) \$3,000

- Sponsorship Recognition in Convention Program & Entrance Signage
- $\frac{1}{2}$ Page Color Ad

CONTINENTAL BREAKFAST SPONSOR:

(4) \$2,000

- Sponsorship Recognition in Convention Program & Entrance Signage
- $\frac{1}{2}$ Page Color Ad

CONFERENCE BAGS SPONSOR:

(1) \$1,500

You select and provide the bag and we provide the artwork and logos for 1 side. Every attendee will carry this bag during and after convention, WHAT EXPOSURE!

HOTEL KEY CARD SPONSOR:

(1) \$1,500

Conference attendees will use their key cards with the sponsor's logo dozens of times during the meeting. What an innovative way to get your message out there!

BREAK SPONSOR:

(5) \$1,000

Sponsorship Recognition in Convention Program & Entrance Signage

TRAFFICE BUILDER BOTTLED WATER/SODA STATIONS SPONSOR:

(4) \$500

Sponsorship will allow you to host a beverage station at your booth. We provide the beverages. Designated booth numbers will be 1, 9, 69 & 77.

LANYARDS:

(1) \$500

Supply lanyards for 500 attendees that display your company name/logo.



EXHIBITOR CONTRACT

Deadline: Monday, March 5th

Company Name: _____
Product/Services _____

Administrative Contact (receives all booth coordination information): _____

Billing Address: _____
City, State, Zip _____

Telephone: () _____ E-mail: _____

Sales Contact (Convention Program Information): _____

Address: _____ E-mail: _____
City, State, Zip _____

Telephone: () _____ Cell: () _____



Please indicate organization member or non-member

EXHIBITOR OPTIONS:

	Member OAHCP/OKALA		Non-Member	# Additional People	
Oz	\$2,000	<input type="checkbox"/>	<input type="checkbox"/>	\$2,500	_____ x \$125.00 = _____
Toto:	\$2,000	<input type="checkbox"/>	<input type="checkbox"/>	\$2,500	_____ x \$125.00 = _____
Lion:	\$1,150	<input type="checkbox"/>	<input type="checkbox"/>	\$1,900	_____ x \$125.00 = _____
Dorothy: (outside)	\$1,150	<input type="checkbox"/>	<input type="checkbox"/>	\$1,900	_____ x \$125.00 = _____
Electricity: Yes <input type="checkbox"/> No <input type="checkbox"/>			Upgrade: <input type="checkbox"/>	Internet: Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ 40.00 = _____
					SUB TOTAL: \$ _____

SPONSORSHIP OPTIONS:

- | | | |
|---|---|--|
| <input type="checkbox"/> Speaker: Cost \$3,500 | <input type="checkbox"/> Break: \$1,000 | <input type="checkbox"/> Lanyards: \$500 |
| <input type="checkbox"/> Continental Breakfast: \$2,000 | <input type="checkbox"/> Lunch: \$3,000 | <input type="checkbox"/> Traffic Builder \$500 |
| <input type="checkbox"/> Hotel Key Card: \$1,500 | <input type="checkbox"/> Reception: \$1,000 | <input type="checkbox"/> Conf Bags \$1,500 |
| <input type="checkbox"/> Hospitality Suite: \$1,000 | TOTAL: \$ _____ | |

Size & Costs of Color Ads:

	Member	Non Member
Full Page Ad: _____ 7" wide x 9 1/2" high	\$300	\$400
1/2 Page Pad: _____ 7" wide x 4 3/4" high	\$200	\$300
1/4 Page Ad: _____ 3 1/2" wide x 4 3/4" high	\$150	\$250

NO VENDOR WILL BE ALLOWED ON THE SHOW FLOOR WITH AN OUTSTANDING BALANCE

Color ads must be electronically sent in jpeg format to cmappes@oahcp.org by Monday, March 5th

_____ Size Ad

Exhibitor(s) Names for Badges:

1. _____
2. _____
3. _____
4. _____

I have read this contract and the agreement here and agree to comply with the guidelines outlined.
My signature is binding for authorization for all terms of exhibiting and/or sponsorship.



Signature: _____ Date: ____/____/____

PAYMENT INFORMATION
2012 OAHCP/OKALA CONVENTION & TRADE SHOW

Make checks payable to **OAHCP** and mail to: OAHCP, 200 NE 28th Street, Okla. City, OK 73105
OR FAX to: 405.524.8354 this form with payment to secure space or sponsorship package.

Corporate Check will be mailed Check/money order in the mail
Credit Card (complete below)

Trade Show Package: \$ _____

INTERNET \$ _____

Sponsorship: \$ _____

Extra # of Attendee(s) @ \$125 \$ _____

Ad \$ _____

Total Amount Authorized: \$ _____

Credit Card Information:

**Payment must be received before show date
or on-site payment will be required before setup**

Business/Corporate: _____ I am a CARE SPONSOR _____
Or PLATINUM PARTNER _____

Individual Name: (if applicable) _____

AMERICAN EXPRESS VISA MC DISCOVER

Card #: _____ Expiration: ____/____ Security Code: _____

Card Holder's Name: _____ Amount to be Charged: \$ _____

Authorized Signature

_____/_____/_____
Date

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above OKLAHOMA ASSOCIATION OF HEALTH CARE PROVIDERS	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.) 200 NE 28TH STREET	Requester's name and address (optional)
City, state, and ZIP code OKLAHOMA CITY, OK 73105	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number
73 1486605

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶ <i>Crystal Mapped</i>	Date ▶ 3-14-11
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,