

The National Upper Cervical Chiropractic Association

Fall Conference 2016

**Hilton Minneapolis/St. Paul Airport – Mall of America
Bloomington, MN**

October 13-15, 2016

Special Events

President's Reception (\$6,000) – Friday Evening – Includes complimentary seating at President's table, the opportunity to give a 10-minute infomercial at the event, vendor space throughout the conference, signage on buffet tables, corporate banner display, recognition on conference materials and NUCCA website.

Wine & Cheese Event (\$3,500) – Thursday Evening – Includes the opportunity to give a 10-minute infomercial at the event, vendor space throughout the conference, signage on reception tables, corporate banner display, recognition on conference materials and NUCCA website.

Exhibitor Space

Each exhibitor receives a six-foot skirted table for display, trash can, and two chairs. Exhibit space is limited - please submit your application early!

Space - \$1,000 Electricity - \$35/day (for a power-strip or extension cord) optional

Advertising and Promotional Opportunities

Maximize your NUCCA investment by including some of these marketing elements. Don't leave your booth traffic to chance! Ensure awareness of your company's services and products with a well-planned NUCCA marketing campaign.

Promotional Display - \$250

Unable to attend? Let us promote your products and services to everyone attending by providing a company flyer, coupon, or postcard and we'll set a promotional display for you.

Folder Insert - \$250

Promote your products and services to every conference attendee by providing a company flyer, coupon, or postcard to be inserted in each conference folder handed out at time of registration.

In- Kind Donations

Consider in-kind donations for our conference participants to use while at the conference such as pens, notepads, and highlighters. Or donate some of your product, services, or gift certificate for door prizes and/or fundraising.

Set-up information

- You can start to set-up on Wednesday, October 12 @ 12:00 p.m.
- Wireless Internet will be provided at no cost.

Important: refund/credit policy - No Refunds. However; if we are able to reassign the booth, your exhibitor fee will be applied to our next conference

Please follow the instructions below, if you need to send any items to the venue ahead of time.

The Hilton is not responsible for storage or materials handling. Please ensure that prior arrangements for storage or materials handling have been made before any shipment of materials to the Hotel. Light envelopes and mailings are excluded.

Materials being sent to the hotel are to be delivered no earlier than two (2) days prior to the event. All boxes should be **clearly labelled** with the following information: "Mary Pat Nielson, Function: NUCCA", hotel address and phone number, and the number of items shipped. The venue will not be responsible for damage or loss of any merchandise or articles left in the hotel before, during, or after the event. You must provide your own security for this protection if needed. There is a handling fee of **\$5.00/box or \$100/pallet** for materials sent to the hotel ahead of time.

Address for the hotel:

HILTON MINNEAPOLIS / ST. PAUL AIRPORT - MALL OF AMERICA
3800 American Boulevard East
Bloomington MN 55425
952-854-2100

EXHIBITOR REGISTRATION FORM

A limited number of exhibitors will be accepted on a “First-Come, First-Serve” basis and must be pre-paid to guarantee exhibit space.

Please fax form to: 877-558-0410 or email Mary Pat Nielson @ info@nucca.org

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(Please Print)

Company Name: _____

Address: _____

City/State: _____ Zip Code: _____

Phone: _____ Fax: _____

Product Description: _____

Website: _____

Representative(s): _____ Email: _____

President’s Reception (Banquet) \$6,000 _____

Wine & Cheese \$3,500 _____

Exhibitor Space: (Exhibit Hall) \$1,000 _____ with Electricity – add \$25

Promotional Display \$250 _____

Promotional Folder Insert \$250 _____

In-kind Donation _____

Door Prize Donation: _____

TOTAL \$ _____

Method of Payment (please circle): Visa Mastercard American Express Check

Credit Card Number: _____ Exp: _____

Print Cardholder’s Name: _____ Signature: _____

If paying by check, please mail check to:

NUCCA Office:
5353 Wayzata Blvd., Suite 350
Minneapolis, MN 55416