



TO: Vendors/Exhibitors

FROM: Dr. Kevin Bellows, Conference Chairman

DATE: March 28, 2006

SUBJECT: 2006 SPRING CONFERENCE

The Connecticut Chiropractic Association cordially and proudly invites you to participate in our 2006 Spring Conference on:

DATE: Thursday, May 18, 2006

TIME: 7:15 a.m. to 6:00 p.m.

PLACE: **University of Bridgeport College of Chiropractic**

126 Park Avenue
Bridgeport, CT 06604

HOTEL: Trumbull Marriott

180 Hawley Lane
Trumbull, CT 06611
(800) 682-4095

ANTICIPATED ATTENDANCE - 100 -125 Doctors

EXHIBITOR BOOTH CHARGE - \$350 Per Booth (Nutmeggers (\$262)
\$150 for an additional booth (Nutmeggers (\$112))

EXHIBITOR BOOTH SET-UP - 7:00 p.m.-9:00 p.m. on Wednesday, May 17, 2006, and/or 6:00 a.m. - 7:00 a.m. on Thursday, May 18, 2006. Breakdown at 6:00 p.m. on Thursday, May 18, 2006.

SPECIAL OVERNIGHT HOTEL RATE – Trumbull Marriott, \$129.00 per night single/double, reservations must be made by Wednesday, May 3, 2006. Ask for the group rate for CT Chiropractic Association. Reservations Telephone (800) 682-4095.

BOOTH INFORMATION - 6 foot draped table; 2 feet between each table and a maximum of 5 feet from the wall for those with a back drop display. You must exhibit within your allotted space. If more room is needed, then a charge will be incurred for an additional booth. There will only be 20 booths allotted at this location.

PLEASE REGISTER EARLY!

CCA

2257 Silas Deane Highway
Rocky Hill, CT 06067
(860) 257-0404
Fax: (860) 257-0406

PROGRAM ADVERTISING - Exhibitors may advertise in our 2006 DC Program Notebook at a rate of \$150.00 for a full page (8"x10") ad or \$75.00 for a ½ page (8"x5") ad. **Note!** Nutmeggers receive a 25% discount. **(All copy for advertisements is due by Friday, May 5, 2006)**

SPONSORSHIP - Refreshment Break can be sponsored for \$300.00 and the Luncheon can be sponsored for \$1,500.00

EXHIBITOR LUNCH

The Exhibitor Booth charge includes lunch with the doctors at 12:00 noon for one (1) representative from each participating exhibit. Additional luncheon reservations are available at a charge of \$20.00 per person and must be made in advance. Deadline to respond is Friday, May 5, 2006.

One representative from each registered exhibit will be given a 30 second opportunity to introduce themselves and indicate the company they represent during the luncheon portion of our program.

REGISTRATION PACKET INSERTS

For a fee of \$150.00 exhibitors may insert one full-page flyer into the DC Program Notebook the doctors receive at the conference. Companies who do not exhibit may place one full page flyer in the notebook for a fee of \$300.00. *Note!* You must supply one flyer for every doctor! (Approximately 150 flyers) ***All printed material must be received on or before Friday, May 5, 2006.***

AUCTION

Once again our Spring Conference will host an Auction for the Doctors. Hopefully you will be able to participate in this Auction, please note on the registration form items you will be able to provide. Indicate if you will be bringing the item with you to the Conference or if you will be sending the item directly to the CCA office (2257 Silas Deane Highway, Rocky Hill, CT 06067) by Friday, April 28, 2006.

***PLEASE COMPLETE THE ENCLOSED REGISTRATION FORM TODAY!
BOOTHS WILL BE ASSIGNED ON A FIRST COME, FIRST SERVED BASIS.
REGISTRATION DEADLINEFRIDAY, MAY 5, 2006!.***

CONNECTICUT CHIROPRACTIC ASSOCIATION

2006 SPRING CONFERENCE

THURSDAY, May 18, 2006

University of Bridgeport College of Chiropractic

EXHIBITOR REGISTRATION FORM

Name of Company _____

Address _____

City/Town _____ State _____ Zip _____

The following individual is designated as the authorized representative in charge of the Exhibitor space and is to receive all official correspondence.

Contact Person _____ Title _____

Date _____ Tel: () _____ E MAIL _____

Product or Service _____

Conference Participation--Please indicate below how you would like to participate in our 2006 Spring Conference. Check all areas that apply:

___ Exhibitor Booth _____	\$350(\$___ Nutmegger Club Members \$262)
___ Additional Booth _____	\$150(\$___ Nutmegger Club Members \$112)
___ Program Ad (Full Pg) _____	\$150(\$___ Nutmegger Club Members \$115)
___ Program Ad (1/2 Pg) _____	\$ 75(\$___ Nutmegger Club Members \$ 60)
___ Luncheon Guest(s) _____	\$ 20 (each).	(\$___ Nutmegger Club Members \$ 20)
___ Registration Insert _____	\$150(\$___ Nutmegger Club Members \$150)
___ Registration Insert (Non-Exhibitors) _____	\$300(\$___ Nutmegger Club Members \$300)
___ Luncheon Sponsor _____	\$1,500	
___ Break Sponsor _____	\$300	
TOTAL COST	\$ _____	(\$ _____ Nutmegger Total Cost)

PROGRAM ADVERTISING (Please indicate ad size)

___ Full Page Ad (8" x 10") - \$150 (___ Nutmegger Cost-\$115)

___ Half Page (8" x 5") - \$ 75 (___ Nutmegger Cost-\$ 60)

(All copy for advertisements is due by Friday, May 5, 2006)

REGISTRATION PACKAGE INSERT

___ \$150 for Exhibitors _____ \$300 for Non-Exhibitors

(All inserts are due at the CCA office by Friday, May 5, 2006)

REFRESHMENT SPONSORSHIP

___ \$300 for Break Sponsor

___ \$1,500 for Lunch Sponsor

(IMPORTANT: PLEASE COMPLETE REVERSE SIDE OF FORM)

DO YOU NEED ELECTRICAL? **YES** **NO**

WILL YOU BE PARTICIPATING IN THE AUCTION? **YES** **NO**

If yes, what will be the items donated? _____

Will you bring these items to the conference that day? **YES** **NO**

HOW DID YOU HEAR ABOUT THE CONFERENCE?

DR. _____ CCA STAFF _____

CT YANKEE NEWSLETTER _____ OTHER _____

NAMES OF PEOPLE WITH LUNCHEON RESERVATIONS

NAME _____ Designated Representative (No charge)

NAME _____ @ \$20.00

NAME _____ @ \$20.00

Please make check payable to “Connecticut Chiropractic Association” and mail to:

2257 Silas Deane Highway - Rocky Hill, CT 06067 OR Fax to: (860) 257-0406

VISA **MASTERCARD**

Company Name _____ **Amount \$** _____

Card # _____ **Expiration Date** _____

Authorized Signature _____

RULES AND REGULATIONS

Subleasing and sharing of exhibit(s) is not permitted and exhibitors should confine their exhibit activities to the space for which they have contracted.

Exhibits must conform to the fire, safety and health regulations of the city in which the conference is held, and all materials used in the exhibit hall, including decorations/constructions must be flame proof.

<p>We agree to the provisions and regulations for exhibitors as outlined in this registration form.</p> <p>The Agreement authorized by _____ (signature)</p> <p>TITLE _____</p> <p>DATE _____</p>

LIABILITY - *Neither the Connecticut Chiropractic Association or University of Bridgeport College of Chiropractic can assume liability or responsibility for damage, loss or injury to an exhibit or to an exhibitor or his, representative caused by fire, theft, utility malfunction, accident or labor dispute. An exhibitor is liable for any damage his exhibit or personnel causes to the property.*

DEADLINE FOR RESPONSE - FRIDAY, May 5, 2006