

2016

Time for a Check-up Improving the Business Health of Your Practice

Thursday, November 17, 2016

Café la Cave
2777 Mannheim Road
Des Plaines, IL 60018

Sponsorship and Exhibitor Prospectus

Hosted by CCPA Purchasing Partners, LP

CCPA
Purchasing
Partners, LP



TENTATIVE MEETING AGENDA

7:30 – 8:15 a.m.	Attendee Registration and Breakfast
8:15 – 8:30 a.m.	Welcome and Introduction
8:30 – 9:30 a.m.	Presentation 1
9:30 – 10:45 a.m.	Presentation 2
10:45 – 11:15 a.m.	Break/Visit Exhibit Hall
11:15 – 12:30 p.m.	Presentation 3
12:30 – 1:30 p.m.	Lunch/Visit Exhibit Hall
1:30 – 2:45 p.m.	Presentation 4
2:45 – 3:00 p.m.	Break/Visit Exhibit Hall
3:00 – 4:15 p.m.	Presentation 5

EXHIBIT SETUP/BREAKDOWN AND HOURS

6:45 – 7:30 a.m.	Exhibitor Registration and Setup
7:30 – 8:15 a.m.	Attendee Registration and Breakfast in Exhibit Area
10:45 – 11:15 a.m.	Break #1
12:30 – 1:30 p.m.	Networking Lunch with Attendees
2:45 – 3:00 p.m.	Break #2/Raffles
3:00 p.m.	Exhibit Tear Down

EXHIBIT BOOTH ASSIGNMENT

Exhibit space for this meeting sells out quickly. To secure your booth space, you must submit full payment. You will receive your booth assignment when you register on the day of the event.

CONFERENCE EXHIBIT FEES AND PAYMENT

Exhibit space and sponsorships are available on a first-come, first-served basis. Applications received without full payment will not be processed nor will space assignments be made.

Your payment provides you with the following: registration for two representatives including meals, a display table, access to wireless internet, power supply, your company's profile in conference program and a post-conference attendee list. **The cost for additional booth representatives is \$100 per person and must be paid in advance.**

RAFFLE

All raffles conducted at the event must be approved by CCPAPP prior to the event (please contact Priya Stemler no later than November 10, 2016). Drawings will take place during the 2nd break. In the interest of time, raffle winners may be announced by CCPAPP.

ATTENDEE DEMOGRAPHICS

We anticipate about 100 –150 attendees who include physicians and practice managers.

CONFERENCE AND ON-SITE CONTACT

If you have any questions (other than shipping), please contact Priya Stemler at 312.227.7437 or pstemler@ccpapp.org.

SHIPPING

Exhibit materials may be shipped directly to Café la Cave. Please ensure that materials are clearly labeled with the following information:

Organization name / on-site company contact.



Café la Cave
2777 Mannheim Road
Des Plaines, IL 60018
Phone: 847.827.7818
www.cafelacave.net

Note: Materials should arrive no earlier than 72 hours prior to the meeting. Café la Cave will not assume responsibility for any boxes/packages/miscellaneous items left on property in unattended function space. Removal of property is strictly your responsibility. All shipping costs will be the responsibility of your group. If you have questions regarding your materials, please contact Carrie Allabastro, Banquet Manager, Café la Cave at 847.827.7818.

HOTEL ACCOMMODATIONS

Hotel reservations can be made at the Radisson Hotel Chicago O'Hare at a discounted rate of \$109 per night for Wednesday, November 16 and Thursday, November 17. Call 847.296.8866 to make reservations and mention CCPA Purchasing Partners as the group. **Reservations must be made by October 30, 2016 to receive this rate.**



The Radisson Hotel Chicago O'Hare
1450 East Touhy Avenue
Des Plaines, IL 60018
847.296.8866

NETWORKING LUNCHEON

Cost: \$3,000 (Limit 1)

As an exclusive sponsor, your company will be recognized as the sole supporter of the attendee networking luncheon.

Sponsorship includes:

- One six-foot, skirted table top display (or equivalent space), two side chairs and electrical power.
- Recognition in meeting materials.
- Company name listed as an exhibitor in the program agenda.
- Company name and contact information listed in the program booklet.
- Acknowledgement during brief welcome announcement and speaker introduction.
- Recognition in on-site signage.
- Recognition on the CCPAPP website prior to the event.
- Opportunity for one page of advertisement (provided by your company and approved by CCPAPP) to be included in the program booklet.
- Tent cards with your name and logo placed at each lunch table.
- Listing of the names and practices/organizations of all registered participants (emailed on or before the Monday prior to the event) and a final listing of attendees (emailed on the Monday following the event)

CONTINENTAL BREAKFAST

Cost: \$2,500 (Limit 1)

Help attendees jump-start their morning and increase your company's visibility by providing the most important meal of the day.

Sponsorship includes:

- One six-foot, skirted table top display (or equivalent space), two side chairs and electrical power.
- Recognition in meeting materials.
- Company name listed as an exhibitor in the program agenda.
- Company name and contact information listed in the program booklet.
- Acknowledgement during brief welcome announcement and speaker introduction.
- Recognition in on-site signage.
- Recognition on the CCPAPP website prior to the event.
- Opportunity for one page of advertisement (provided by your company and approved by CCPAPP) to be included in the program booklet.
- Listing of the names and practices/organizations of all registered participants (emailed on or before the Monday prior to the event) and a final listing of attendees (emailed on the Monday following the event)

AUDIO/VISUAL

Cost: \$2,000 (Limit 1)

Take advantage of this exclusive opportunity to promote your company while receiving recognition from conference attendees by sponsoring the A/V equipment.

Sponsorship includes:

- One six-foot, skirted table top display (or equivalent space), two side chairs and electrical power.
- Recognition in meeting materials.
- Company name listed as an exhibitor in the program agenda.
- Company name and contact information listed in the program booklet.
- Recognition in on-site signage.
- Company logo and/or advertisement will appear on screen prior to the start of the event.
- Listing of the names and practices/organizations of all registered participants (emailed on or before the Monday prior to the event) and a final listing of attendees (emailed on the Monday following the event)

REFRESHMENTS

Cost: \$1,500 (Limit 1)

As an exclusive sponsor, your company will enjoy maximum exposure while attendees circulate and network throughout the meeting during the refreshment breaks.

Sponsorship includes:

- One six-foot, skirted table top display (or equivalent space), two side chairs and electrical power.
- Recognition in meeting materials.
- Company name listed as an exhibitor in the program agenda.
- Company name and contact information listed in the program booklet.
- Recognition in on-site signage.
- Listing of the names and practices/organizations of all registered participants (emailed on or before the Monday prior to the event) and a final listing of attendees (emailed on the Monday following the event)

EXHIBITORS

Cost: \$800-\$1,000

As a *Time for a Check-up* exhibitor, you have the opportunity to interact with Illinois physicians, health care professionals and practice administrators during multiple designated exhibit times. CCPAPP's Partners are entitled to a discount on exhibit space only. Please see attached registration form for details.

Sponsorship includes:

- One six-foot, skirted table top display (or equivalent space), two side chairs and electrical power.
- Recognition in meeting materials.
- Company name listed as an exhibitor in the program agenda.
- Company name and contact information listed in the program booklet.
- Listing of the names and practices/organizations of all registered participants (emailed on or before the Monday prior to the event) and a final listing of attendees (emailed on the Monday following the event)



Company Contact Form

(For printed materials)

INSTRUCTIONS: (Please print or type)

Contact Information

Please print clearly. Information provided below will appear in event materials as listed.

Company: _____

Primary Contact Name: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Name Badge Information

1. Representative _____

Please specify any allergies/dietary restrictions: _____

2. Representative _____

Please specify any allergies/dietary restrictions: _____

*3. Representative _____

Please specify any allergies/dietary restrictions: _____

* Please note: Registration includes all breaks and meals on the agenda for two exhibit booth representatives. **Additional exhibit booth representative registration is \$100 per guest.** To maximize your networking time, exhibitors are encouraged to participate in all breaks, meals and sessions throughout the duration of this event.

Mail or Fax application and contact form to:

CCPA Purchasing Partners
Attn: Priya Stemler
225 East Chicago Avenue, Box 113
Chicago, IL 60611-2991
Fax: 312.227.9527

Questions regarding payment should be directed to
Priya Stemler at 312.227.7437 or pstemler@ccpapp.org

Application for Sponsorship and Exhibit Space and CME Agreement

(Please print or type)

First Name: _____ Last Name: _____
Company: _____ Title: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Fax: _____
Email: _____ Website: _____

*** Sponsor and exhibitor opportunities are honored on a first-come, first-served basis. CCPAPP reserves the right to refuse sponsors or exhibitors.**

Please select one of the following sponsorship options:

Networking Luncheon Sponsor \$3,000
Breakfast Sponsor \$2,500
Audio/Visual Sponsor \$2,000
Refreshment Sponsor \$1,500

Exhibitor \$1,000
**Partner Exhibitor \$800
Additional Representative \$100

**The Partner Exhibitor rate is exclusively
for CCPAPP's contracted partners.

CANCELLATION POLICY: In the event it is necessary for a sponsor or exhibitor to cancel their agreement, a full refund (less a \$150 processing fee) will be made for requests postmarked no later than October 30, 2015. No refunds will be made on cancellations postmarked after October 30, 2015. Cancellations must be received in writing from an authorized representative and mailed to the CCPAPP office. Please make checks payable to: CCPA Purchasing Partners.

Payment Method (check one): VISA MasterCard American Express Check Enclosed

Name as it appears on card: _____

Card Number: _____ Expiration Date: _____ CV V Code: _____

Signature: _____

Billing Address: _____ Grand Total Charged: \$ _____

CME Agreement

Upon signing this agreement, the Exhibitor and CCPA Purchasing Partners understand and agree that Chicago Medical Society (accredited provider) policy will not allow CCPA Purchasing Partners to accept any advice or services from the Exhibitor concerning speakers, authors, participants or other CME matters, including content, as conditions of the exhibit fee, exhibit placement and/or sponsorship selection. In addition, both parties fully understand and agree that this agreement, and therefore the conference, is free from any commercial bias or control due to the separation of the designated exhibitor and sponsorship area, and related activities, from the CME planners, authors, speakers and CME sessions.

Sponsor or Exhibitor Company/Organization Name: _____

Sponsor or Exhibitor Representative First and Last Name: _____

Sponsor or Exhibitor Signature: _____ Date: _____

CCPAPP Representative Signature: _____ Date: _____

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www.ccpapp.org