



**75<sup>th</sup> Wyoming Hospital Association  
&  
LeadingAge Wyoming  
Annual Meeting & Convention**

**Vendor Guide**

**Clarion Inn  
Casper, Wyoming**

**Wednesday, September 2, 2020**

**LeadingAge<sup>™</sup>  
Wyoming**

## EXHIBIT FEES

The exhibit fee is \$750 per booth. All exhibit spaces are assigned on a first-come, first-serve basis. Exhibit fee includes:

- An 6' X 8' booth space
- Table linens
- Table and two chairs – Tables are 6'
- Listing in the convention booklet
- Two complimentary tickets to special meal functions

## BOOTH SPECIFICATIONS

WHA will provide and arrange for erection of exhibit booth and table linens. Each exhibit must be confined to the spatial limits (6' X 8') of its respective space. If your display is larger, you will need to purchase two exhibit spaces. Each 6' X 8' booth includes a draped table and two chairs. Extension cords may be required and are the exhibitor's responsibility. Any special electrical needs should be discussed with the Clarion Inn well in advance of the exhibit show.

## EXHIBIT SPECIFICS

We anticipate to have in attendance over 250 Wyoming Hospital Association and LeadingAge Wyoming decision makers, including chief executive officers, finance directors, directors of nursing, personnel directors, education directors, purchasing agents, medical record directors, quality assurance managers and others.

## DOOR PRIZES

Exhibitors are encouraged to participate in their own drawings at their booth. Prizes will be drawn and awarded on Wednesday during the Chairman's Reception.

## EXHIBIT STORAGE

If you will require assistance with transportation and/or storage of freight, you are responsible for making the necessary arrangements through the Sales Office at the Clarion Inn. WHA will not be responsible for your materials or equipment while exhibiting during our Convention.

## ADVERTISING

Advertising in the 2020 Convention Brochure is a cost-effective way to reach attendees and increase your marketing efforts. The 8 ½" by 5 ½" brochure, included in all registration packets, will include the itinerary of meetings, educational offerings, social events, and other important information. The combination of exhibiting and advertising provides the perfect opportunity to project your organization's image and show your involvement with the health care industry.

**All ads should be sent in a .jpg format and must be received by August 1, 2020.**

**Advertising Fee: Full page inside 8 ½" x 5 ½"                      \$300**

## **ATTENDING WHA PROGRAMS**

Exhibitors are invited and encouraged to attend any of the social events and general functions of our Convention. However, unless you are a member of one of our allied groups, business meetings are intended only for those specific members.

## **SPONSORING**

A sponsorship will additionally give you an opportunity to show your support for Wyoming health care providers. Sponsoring is a wonderful way for your organization to gain additional notoriety from Convention attendees. Your company's name is spotlighted during the sponsored event, and special recognition is given in Convention publications. For more information on sponsoring, please refer to the enclosed form sent with the vendor contracts.

### **EXHIBIT HALL TIMES**

#### **Wednesday, September 2, 2020**

8:00 a.m. - 10:30 a.m. – Set-Up

#### **11:00 a.m. - 1:00 p.m. - Exhibit Hall Open**

Lunch will be served in vendor area

#### **4:00 p.m.—6:00 p.m.**

Chairman's Reception in Exhibit Hall

#### **6:00 p.m.—9:00 p.m.**

Awards Banquet

#### **Exhibit Hall will close at 6:00 p.m.**

Vendors are encouraged to attend the Banquet. Booths can be dismantled after the Banquet but must be completed by 10:00 p.m.

#### **Dismantling - 6:00 p.m.—10:00 p.m.**

We ask that you have a representative of your company be present at your booth during all of the above listed exhibition times. Please do not dismantle your booth prior to the above listed dismantling time.

## **HOTEL INFORMATION**

A block of rooms has been reserved at the Clarion Inn, at a discounted rate of \$99.00. When making reservations at the hotel, please mention that you are with the Wyoming Hospital Association Annual Meeting & Convention to receive the discounted rates. **Reservations must be made by August 18, 2020 to guarantee the discounted room rate.**

## **GOLF**

We will be sponsoring a golf tournament on Tuesday, September 1, 2020 at the Paradise Valley Country Club in Casper. If you would be interested in either playing or becoming a sponsor for the tournament, please indicate on the registration form.

## **INQUIRIES**

Please direct all questions and comments to:

**Rose Fishback**  
**Wyoming Hospital Association**  
**2005 Warren Avenue**  
**Cheyenne, WY 82001**  
**rose@wyohospitals.com**  
**307-632-9344**  
[www.wyohospitals.com](http://www.wyohospitals.com)

**Clarion Inn**  
**123 West E Street**  
**Casper, WY 82601**  
**307-439-2074**  
**Deadline August 18, 2020 - \$99/night**

**WYOMING HOSPITAL ASSOCIATION**

**September 2, 2020**

**Casper, Wyoming**

ORGANIZATION: \_\_\_\_\_

(Type or print name as it should appear on Convention materials)

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

Name & Title of those staffing your booth: (Registration is for two (2) Attendees)

Name \_\_\_\_\_

E-mail address: \_\_\_\_\_

Booths will be assigned on a first come, first assigned basis. – Please send your company logo to [rose@wyohospitals.com](mailto:rose@wyohospitals.com)

**Please provide 15-20 word description of the product or service of your organization**

We hereby agree to attend the 2020 WHA Annual Convention. We understand that if we cancel any time before August 1, 2020, that WHA will retain \$50 of the exhibitor entry fee and any cancelations from August 1, 2020 to September 1, 2020, WHA will retain \$100 of the fee, after September 1, 2020, no refund will be issued. If paying by credit card and a refund is issued, please be advised that the credit card fees will be deducted from your refund.

By: \_\_\_\_\_

Authorized Signature

Date

\_\_\_\_\_ Full Booth Exhibit Fee Enclosed \$750.00

\_\_\_\_\_ Advertising Fee - \$300.00

\_\_\_\_\_ Additional Tickets for Attendees (\$100.00) - Please attach list of names.

\_\_\_\_\_ Sponsorship (Please also complete Sponsorship Form)

\_\_\_\_\_ TOTAL AMOUNT ENCLOSED (You may pay by check or PayPal on the WHA website)

\_\_\_\_\_ In order to better accommodate our vendors, this section must be completed if you have additional needs, i.e. electrical, Internet access, phone lines, or exhibits are larger than the 6x8 allotted space. (Additional fees may apply) Please describe your requirements below:

\_\_\_\_\_

# WYOMING HOSPITAL ASSOCIATION

September 2-3, 2020

## SPONSORSHIP FORM

In preparing for our 2020 WHA Annual Meeting & Convention, we would like to give you an additional opportunity to show your support for Wyoming healthcare providers. Sponsoring is a wonderful way for exhibitors to gain additional notoriety from convention attendees. Your company's name is spotlighted during the sponsored event, and special thanks are given in convention publications.

There are many different levels of sponsorship available, each for different events. Listed below are the different types of sponsorship. If you would like to take advantage of this opportunity, simply check which event or activity you wish to sponsor, and return the form to:

Rose Fishback, Convention Coordinator  
Wyoming Hospital Association  
2005 Warren Avenue  
Cheyenne, WY 82001

\_\_\_\_\_ \$500 Break - Refreshments, Coffee, Snacks , Continental Breakfast

\_\_\_\_\_ \$750 – CEO Breakfast

\_\_\_\_\_ \$750 – LeadingAge Wyoming Breakfast

\_\_\_\_\_ \$1,000 Thursday Lunch & Speaker

\_\_\_\_\_ \$2,000 Keynote Speaker

\_\_\_\_\_ \$2,000 Vendor Lunch

\_\_\_\_\_ \$3,000 Premier Speaker

\_\_\_\_\_ \$1,500 Co-sponsor Speaker

\_\_\_\_\_ \$3,000 Awards Banquet

\_\_\_\_\_ \$3,000 Chairman's Reception

\_\_\_\_\_ Other (please describe) \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Sponsoring Company Name: \_\_\_\_\_

E-mail Address \_\_\_\_\_