

LONG TERM & CONTINUING CARE ASSOCIATION OF MANITOBA



LIVE
LIFE
WELL

PARTNER & EXHIBITOR REGISTRATION FORM 2023

ANNUAL PROVINCIAL CONFERENCE & EXHIBITION
Tuesday, May 9th, 2023

The largest event in Manitoba with a specialized focus on the long-term care continuum.

Victoria Inn Hotel & Convention Centre, 1808 Wellington Avenue, Winnipeg



LONG TERM & CONTINUING CARE ASSOCIATION OF MANITOBA

PARTNER/EXHIBITOR CONFERENCE REGISTRATION FORM

TUESDAY, MAY 9th, 2023

Victoria Inn Hotel & Convention Centre, 1808 Wellington Avenue, Winnipeg

Company Name: _____
(As it will appear on conference promotional information)

Accounts Payable Name: _____

Email Address: _____ Phone #: _____

Mailing Address: _____

1. PARTNER REGISTRATION Select your level of support:

- | | |
|---|--|
| <input type="checkbox"/> Conference Education Partner (1 spot) \$5,000 | <input checked="" type="checkbox"/> Breakfast Partner \$1,500 SOLD |
| <input checked="" type="checkbox"/> Closing Keynote Partner \$3,500 SOLD | <input checked="" type="checkbox"/> Entertainment Partner \$2,000 SOLD |
| <input type="checkbox"/> Lunch Partner \$3,500 | <input checked="" type="checkbox"/> Refreshment Break Partner \$1,200 SOLD |
| <input checked="" type="checkbox"/> Gold \$3,000 Silver Partner \$2,000 SOLD | <input checked="" type="checkbox"/> Awards of Excellent Partner \$ 750 SOLD |
| <input type="checkbox"/> Bronze Partner (8+ spots) \$650 | <input checked="" type="checkbox"/> Delegate Bag Partner SOLD |
| <input type="checkbox"/> Safety Den Partner \$2,000 | <input checked="" type="checkbox"/> Lanyard Partner SOLD |

2A. REPRESENTATIVE REGISTRATION 1 Complimentary Rep Registration per Booth

#1 Name: _____ Title: _____ Require Lunch

Email Address: _____ Diet Restrictions: _____ Life Threatening

2B. REPRESENTATIVE REGISTRATION(S) – Additional Reps Fees are: With Lunch \$49.99 | Without Lunch \$24.99

#1 Name: _____ Title: _____ Require Lunch

Email Address: _____ Diet Restrictions: _____ Life Threatening

#2 Name: _____ Title: _____ Require Lunch

Email Address: _____ Diet Restrictions: _____ Life Threatening

Not attending BUT needs to be included in all communications:

Name: _____ Email: _____

PAYMENT

Exhibit Booth(s) \$699.99 | \$799.99 # of booths _____ \$ _____

All products & signs must fit in 10ft x 8ft space

Booths provided with pipe & drapery, Wi-Fi, ONE Rep with their breakfast/lunch/breaks

Booth Options:

- | | | |
|---|---------|----------|
| <input type="checkbox"/> Electrical | \$84.99 | \$ _____ |
| <input type="checkbox"/> 8ft table | \$44.99 | \$ _____ |
| <input type="checkbox"/> 4ft table | \$44.99 | \$ _____ |
| <input type="checkbox"/> Cocktail round table | \$79.99 | \$ _____ |
| <input type="checkbox"/> Hard-wired internet | \$59.99 | \$ _____ |

Additional Rep Registration(s) \$24.99 | \$49.99 # of regs _____ \$ _____

SUBTOTAL \$ _____

GST (5%) \$ _____

Partnership (GST EXEMPT) \$5,000 | \$2,000 | \$650 | \$250 \$ _____

PAYMENT by Credit Card (3.5% Service Fee) \$ _____

PAYMENT BY Cheque* / E-Transfer (No Service Fee) --

GRAND TOTAL \$ _____

*Please make payable to Long Term & Continuing Care Association of Manitoba

202-135 McGregor Street, Winnipeg, MB R2W 4V7

Payment deadline April 30, 2023 (no refunds after Feb 1, 2023)

By Completing and submitting this contract you agree to all the terms and conditions as listed in the Conference Partner Exhibitor Package.

Signature: _____ Date: _____

CHECK LIST:

- Registration Form emailed to LTCAM
- Electronic company logo emailed to LTCAM
- Certificate of Insurance (for exhibit booth) emailed to LTCAM
- List of representatives attending exhibit booth & dietary restrictions emailed to LTCAM

Email completed form to Jane Hiebert at LTCAM - jhiebert@ltcam.mb.ca

Enter DRAW to win 3-minute highlight speaking time at your booth (Members Only)