

**30 Year  
Anniversary**

# **South Carolina Home Care & Hospice Association**



**Columbia Conference Center  
Columbia, South Carolina  
December 10, 2009**

# **SCHCA Annual Conference - Thursday, December 10, 2009 Columbia Conference Center, Columbia, SC**

We **invite you to be one of ten exclusive vendors** at the South Carolina Home Care & Hospice Association's *Annual Conference*. Come to Columbia and join South Carolina providers as they are *Singing a New Song!*

You will not want to miss this year's *Conference* conveniently located and easily accessible at the *Columbia Conference Center*. **Come in early on Wednesday and visit Columbia's entertaining Vista area and Riverbanks Zoo!** The zoo is home to more than 2,000 magnificent and fascinating animals and one of the nation's most beautiful and inspiring botanical gardens. Twice awarded the Governor's Cup for South Carolina's Most Outstanding Tourist Attraction, Riverbanks is the premier family choice for education and recreation in the Southeast. Or, plan to dine in the distinctive *Vista* area of Columbia with colleagues and friends! The Vista has trendy shops, art galleries, locally-owned restaurants, cafes, pubs and night clubs all within walking distance of each other.

## **We invite you to be an Exhibitor at the 2009 SCHCA Annual Conference**

**ACT NOW...Only 10 Exclusive Exhibitor Opportunities Available !**

### **Why Exhibit?**

**Exhibiting provides the opportunity for exclusive networking  
at the Conference with leaders of SC Home Health & Hospice agencies !**

**90% of attendees have purchasing influence at their agency !**

### **Why Sponsor?**

**Sponsoring provides more visibility to your company!**

**Members will remember the vendors who have helped support their association !**

**Success isn't a result of spontaneous combustion... You must set yourself on fire!**

**Arnold H. Glasow**



## *Conference Schedule of Events*

<b><u>Time</u></b>	<b><u>Activity</u></b>
<b>8:00 a.m.</b>	<b>Registration &amp; Continental Breakfast with Vendors</b>
9:00 to 9:30 a.m.	Opening Plenary Session - President's Welcome & SCHCA Awards
9:45 to 10:45 a.m.	Concurrent Educational Events
<b>10:45 to 11:00 a.m.</b>	<b>Mix &amp; Mingle Break with Vendors</b>
11:00 to 12:00 p.m.	Concurrent Educational Events
<b>12:00 p.m. to 12:45 p.m.</b>	<b>Lunch, Learn &amp; Link-Up Roundtables</b>
	<b>A perfect time to network on topics important to you!</b>
<b>12:45 p.m. to 1:15 p.m.</b>	<b>Dessert with Conference Vendors</b>
1:15 to 2:30 p.m.	Concurrent Educational Events
<b>2:30 to 2:45 p.m.</b>	<b>Break with Vendors</b>
2:45 to 4:00 p.m.	Concurrent Educational Events

**Hotel Information:** For those attendees needing overnight accommodations, the Columbia Conference Center has arranged discount rates for attendees at local hotels. When you make your reservations, please mention that you are requesting the Columbia Conference Center group rate. <http://www.columbiameetings.com/hotels.htm>

# Exhibits and Sponsorship Opportunities

- EXHIBITOR (Only 10 Available) \$ 850**  
Includes 8' skirted, exhibit table; program listing; Complimentary One-Year Membership and mailing list of attendees.
  
- PALMETTO VISION SPONSOR (Three Available) \$ 600**  
Sponsor of Lunch and Learn; prominent display of logo on signage; and acknowledged in opening remarks by President.
  
- PALMETTO PRIDE SPONSOR (Four Available) \$ 500**  
Sponsor of morning and afternoon breaks; prominent display of logo on signage; and acknowledged in program.

**INSTALLATION:** Thursday, December 10, 2009 by 8:00 am. Exhibitors must sign in at the registration desk prior to unpacking and setting up. All individuals staffing your booth must be registered.

**DISMANTLING:** The conference ends Thursday at 4:00pm. **Your exhibit fee included two exhibitors at each table, lunch and two registrations to educational programming.**

**Company Name:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email** \_\_\_\_\_

**Website:** \_\_\_\_\_ **Electricity:** Y \_\_\_\_\_ N \_\_\_\_\_

## SC HOME CARE ASSOCIATION EXHIBITOR CONTRACT TERMS AND RULES OF THE EXHIBITION

SCHCA, at its sole discretion, solicits and/or accepts sponsorship of functions and activities from vendors of goods and services. **Immunity to SCHCA from Liability:** SCHCA, its staff and agents, shall not be liable for any losses or damage to the property or person of the Exhibitor, its agents, employees or guests as a result of theft, fire, or from any cause whatsoever. The Exhibitors agree to indemnify and hold SCHCA harmless against all claims, damages, loss, or injuries arising out of the acts or omissions of the Exhibitor, its employees, agents and guests. **Compliance with Laws:** The Exhibitor agrees to comply with, and abide by, all laws, rules, regulations and ordinances established by SCHCA, the Conference Center, and all federal, state and local government organizations or agencies. **Aisle Space:** No aisle space or any other space may be used for display purposes and Exhibitors must confine their activities and all displays to the space for which they have contracted. **Display and Equipment:** Exhibits must not be of such size or arrangement as to obstruct the view of, or in any manner interfere with, others. SCHCA reserves the right to prohibit any exhibit, or portion thereof, which in its opinion, is objectionable to the character of the Exhibition. **Booth Payment:** Remittance of the total rental must accompany application for space. Payment is accepted via MasterCard, Visa, Discover, American Express or check. Checks should be made payable to the SC Home Care Association (SCHCA). **Security:** Exhibitors must secure their belongings. SCHCA is not responsible for damages, loss or theft of exhibitor property.

### Payment Information – Make Checks Payable to SCHCA

- Enclosed is a check for the total amount of the Exhibit and/or Sponsorship in the amount of \$ \_\_\_\_\_
- Please charge my credit card for the total amount of the Exhibit and/or Sponsorship \$ \_\_\_\_\_  
\_\_\_\_ MasterCard    \_\_\_\_ VISA    \_\_\_\_ American Express    \_\_\_\_ Discover

Account Number \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_  
Name (As it appears on Card) \_\_\_\_\_  
Billing Address of Card Holder \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

**Call Judy Penn at (919) 848-3450 or email [judypenn@homeandhospicecare.org](mailto:judypenn@homeandhospicecare.org) with questions.**  
**Fax to (919) 848-2355 or mail to SCHCA, 3101 Industrial Dr, Suite 204, Raleigh, NC 27609**