

2011

ASSISTED LIVING & SENIOR HOUSING SUMMIT

August 24-25, 2011
(Exhibit Marketplace August 24)
Holiday Inn Hotel & Suites
75 South 37th Avenue
St. Cloud, MN 56301

We anticipate a full house again for the 2011 Assisted Living & Senior Housing Summit, with attendance by more than 200 providers of services to older adults from across Minnesota expected. A trademark of this enduring program is the assisted living-senior housing specific educational agenda, the planned and informal networking opportunities, and the casual Exhibit Marketplace, where attendees are free to stop and chat with exhibitors throughout the first day of the Summit.

Attendees will have extended refreshment breaks in the morning and afternoon, conveniently scheduled in the Marketplace to encourage conversation with exhibitors. After lunch (*another great opportunity to connect with providers*), attendees are invited to pick up dessert in the Marketplace before heading back to the afternoon's education sessions, giving our Marketplace vendors yet another connection opportunity.

As a valued business partner, we invite you to participate this year as a sponsor or exhibitor. The opportunity to exhibit and offer sponsorship support for this event is *offered exclusively to Care Providers of Minnesota business members*. You won't find a better opportunity to reach this targeted audience than at the Assisted Living & Senior Housing Summit.

Lodging

A room block has been reserved for this event at the Holiday Inn Hotel & Suites in St. Cloud. You can make your reservations by calling toll-free 1-800-Holiday or by calling the hotel directly at 320-253-9000. To receive the room rates of \$81.95 single or double (other discounted options are also available), make sure to mention Care Providers of Minnesota and make your reservation by **July 23**.



MARKETING OPPORTUNITIES*

Presenting Sponsor	SOLD! Exclusive
Breakfast Sponsor (Only 1 remaining)	\$1,500
Luncheon Sponsor (Only 1 remaining)	\$2,500
Afternoon Break Sponsor	SOLD!
Marketplace Exhibitor (Tabletop exhibits August 24 only)	\$750 (Tier II Member) \$650 (Tier I Member)

Sponsorships include full registration for one person for the two-day Summit. Marketplace Exhibitors receive full registration for up to two people on August 24 only. In addition to all meals and breaks, exhibitors also receive one 6' draped table, recognition in promotion and signage, and an attendee roster.

If you have any questions about the Assisted Living & Senior Housing Summit or other business services and programs, contact Cyndi Spencer, director of marketing & events, at 952-851-2490 or by email at: cspencer@careproviders.org.

*Participation in the Assisted Living & Senior Housing Summit as a sponsor or exhibitor is a benefit reserved for Care Providers of Minnesota members. Your expertise and business contributions are integral parts of our Association, so we welcome and encourage your active participation.

EXHIBIT SCHEDULE

August 24, 2010

Exhibit Marketplace is open from 10:00 a.m. - 2:45 p.m.

Exhibitor Check in, Set-Up, Continental Breakfast	8:00 - 10:00 a.m.
Opening Keynote Session	9:00 to 10:10 a.m.
Exhibit Marketplace Networking Break	10:10 to 10:45 a.m.
Breakout Sessions	10:45 a.m. - Noon
Networking Lunch <i>Dessert Served in the Exhibit Marketplace</i>	12:00 - 1:00 p.m.
Breakout Sessions	1:00 - 2:15 p.m.
Exhibit Market Place Networking Break	2:15 - 2:45 p.m.
Breakout Sessions	2:45 - 4:00 p.m.
Exhibitor Tear-Down	2:45 p.m.



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ASSISTED LIVING & SENIOR HOUSING SUMMIT EXHIBITOR/SPONSOR APPLICATION

Company Name: _____

Key Contact Person: _____

Address: _____ City/State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____ Company Website: _____

Product(s)/Service(s) offered to the long-term care industry: _____

Major competitor(s) we should be aware of: _____

Sponsorship/Exhibit Activity(ies):

Event: _____

Event: _____

Activity: _____

Activity: _____

Rate: _____

Rate: _____

TOTAL DUE: \$ _____

- Request checkboxes for billing methods: Please Bill Me, Check Enclosed, Please charge my credit card, Visa, Master Card, AMEX

Card #: _____ Exp Date: _____ 3 or 4 Digit Security Code: _____

Signature: _____

I hereby agree to the terms, conditions, and rates as stated in this Agreement and the applicable sponsorship/exhibit rates, which are part of this Agreement. I understand that this will become a binding Agreement only after Care Providers of Minnesota indicates its acceptance by signing below:

SPONSOR _____ DATE: _____

AUTHORIZED SIGNATURE: _____

PRINT NAME/TITLE: _____

Care Providers of Minnesota

AUTHORIZED SIGNATURE: _____ DATE: _____

PRINT NAME/TITLE: _____

Please sign and mail or fax to: Cyndi Spencer, Director of Marketing & Events, Care Providers of Minnesota 7851 Metro Parkway, Suite 200, Bloomington, MN 55425 Fax 952-854-6214 Care Providers of Minnesota will sign and mail a copy of the executed agreement back to you.

Note: The terms and conditions on this application and the applicable Exhibitor/Sponsorship Rates are fully incorporated and are part of this application and will become part of our binding contract upon acceptance of this application by Care Providers of Minnesota. It is important that you read and understand them.

Care Providers of Minnesota reserves the right to refuse to sell sponsorships to any company for any reason to protect the interests of our membership.

Agreement Terms and Conditions

- 12 numbered terms and conditions regarding sponsorship and agreement terms.

For Office Use Only: Payment Date: _____ Check #: _____ Amount: _____