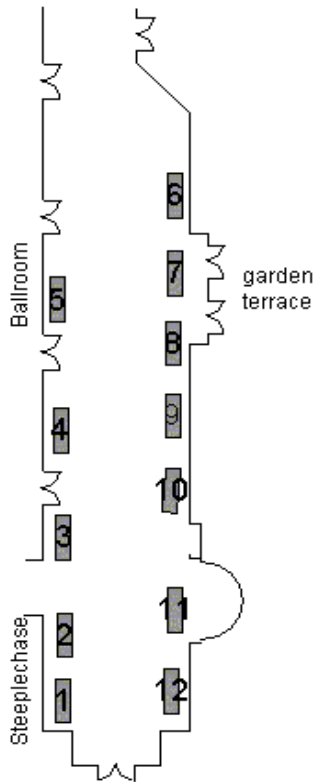


REIMAGINE THE POSSIBILITIES

for ADULT DAY SERVICES

EXHIBITOR FLOOR PLAN



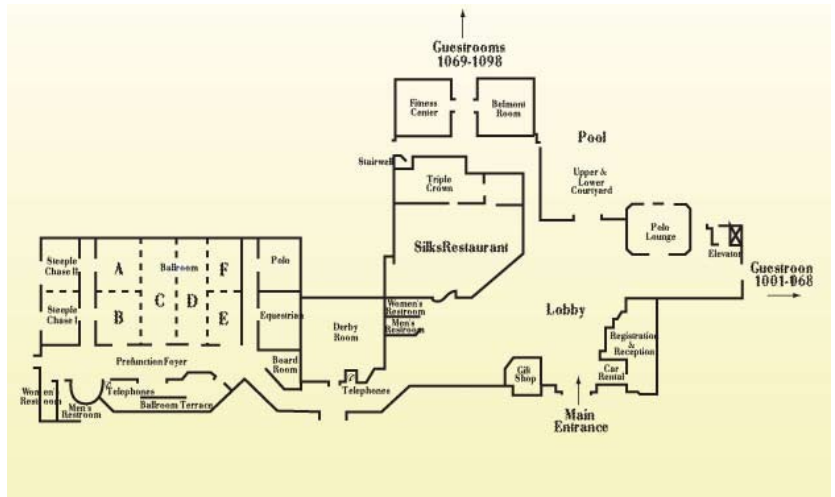
PRE FUNCTION FOYER*

- CAADS Registration
- Exhibits/Reception
- Tuesday Continental Breakfast

BALLROOMS, STEEPLE CHASE ROOMS, DERBY ROOM*

- Tuesday's Keynote Presentation
- Tuesday's & Wednesday Luncheons
- Wednesday's Breakfast & Roundtable Chats
- Educational Courses

**Locations subject to change without notice*



RESERVE YOUR SPACE NOW!

Complete the enclosed contract and send it with payment by check or credit card to:

California Association for Adult Day Services (CAADS)
 921 11th Street, Suite 1100
 Sacramento, CA 95814
 OR by fax to (916) 552-7404

Questions/Assistance: Please call Pam Amundsen at (916) 552-7400 or send an email to Pam@caads.org



REIMAGINE THE POSSIBILITIES

for ADULT DAY SERVICES

NOVEMBER 14 – 16, 2011 • SAN DIEGO • DEL MAR HILTON

INFORMATION TO APPEAR IN PUBLISHED MATERIAL:

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____ E-mail: _____ Web: _____

Product/service description (Limit of 35 words): _____

PERSON TO RECEIVE ALL FUTURE EXHIBIT CORRESPONDENCE:

Name: _____ Title: _____

Address (if different than above): _____

Tel: _____ Fax: _____ E-mail: _____

PREFERRED TABLE-TOP LOCATION (Your table number will be confirmed based on the date when the signed contract with full payment is received by CAADS):

First Choice: _____ Second Choice: _____ Third Choice: _____ (See Exhibitor Floor Plan for options) I have a **pop-up or banner** to be approved

ON-SITE EXHIBIT STAFF (NAME TO APPEAR ON BADGE):

1st Exhibitor Name: _____ Title: _____

*Additional Name: _____ Title: _____

*Each additional exhibit staff must register at \$90. (Includes Monday Exhibit Reception and Tuesday Continental Breakfast, Morning Break and Luncheon)

Reserve [____] table(s) at:

NON-MEMBER rate—\$950 each (\$850 if signed contract and full payment received by September 20, 2011)

CAADS MEMBER rate—\$550 each (\$450 if signed contract and full payment received by September 20, 2011)

Register [____] additional exhibit staff @ \$90 each

Total amount enclosed is \$ _____. Full payment must accompany this contract. Space will not be held until payment is received. CONTRACT AND PAYMENT MUST REACH CAADS BY: September 20, 2011 FOR LISTING IN THE CONFERENCE REGISTRATION BROCHURE AND MARKETING MATERIALS and/or by November 2, 2011 FOR LISTING IN THE ON-SITE PROGRAM, DISTRIBUTED AT CONFERENCE. Additional request for electrical supply, lighting, etc. are the Exhibitor's financial responsibility and must be arranged via San Diego / Del Mar Hilton's Convention Services Manager, Adrian Dean, 858-764-6038.

IT IS UNDERSTOOD THAT:

- ▶ **Table-Top Space Final Assignment** will be assigned on a first-paid basis.
- ▶ **Table-Top Displays Set-Up** will be on Monday, November 14, 2011 between 2:30 PM and 4:45 PM.
- ▶ **Table-Top Displays Tear-Down** will be on Tuesday, November 15, 2011 between 2:45 PM and 4:00 PM.
- ▶ **Admittance to Table-Top Exhibits** is limited to individuals/businesses who have contracted and paid for space and to CAADS Conference registrants.
- ▶ **No Table-Top exhibitor or sponsor will distribute materials**, organize "hospitality suites," recruit, survey, or solicit members outside the Table-top Exhibit area unless expressly permitted by CAADS.
- ▶ **CAADS reserves the right to refuse rental** of table-top exhibit space to any individual/company whose display of goods or services is not, in the Association's judgement, likely to be compatible with the general character, quality, or objectives of the 2011 Annual Conference & Table-Top Displays.
- ▶ **Audio-Visual** devices are permitted only in those locations and at a decibel intensity that in the opinion of CAADS does not interfere with other exhibitors or CAADS meetings, and are the responsibility of the exhibitor.
- ▶ **Package handling and charges** are determined by the San Diego / Del Mar Hilton. It is the responsibility of the **individual exhibitor** to make **all** arrangements with courier services for any pickup or deliveries sent to the hotel. At no time shall these expenses be incurred by the hotel or CAADS.
- ▶ **All packages should be properly marked** to include CAADS 2011 Annual Conference. Contact the hotel's Convention Services Manager, Adrian Dean at 858-764-6038, for more.
- ▶ **Liability and Security:** Exhibitor shall be fully responsible to pay for any and all damages to property owned by San Diego / Del Mar Hilton, its owners, managers, officers or directors, agents, employees, subsidiaries and affiliates, from any damages or charges resulting from Exhibitor's use of the property. Exhibitor's liability shall include all losses, costs, damages, or expenses arising from, out of, or by reason of any accident or bodily injury or other occurrences to any person or persons, including the Exhibitor, its agents, employees, and business invitees which arise from or out of the Exhibitor's occupancy and use of the exhibition premises, the Hotel or any part thereof. Exhibitor shall assume all responsibility for damage to the exhibit area by reason of their exhibit and shall indemnify and hold harmless CAADS for all liability that might ensue from any cause whatsoever arising out of the exhibitor's participation in the 2011 Annual Conference or in exhibition activities. Security is not provided; Exhibitors must secure their own materials.
- ▶ **All matters and questions not covered** by these regulations are subject to the discretion of CAADS.

Cancellations must be in writing and received by 9/20/2011, for a 75% refund; by 10/5/2011, for a 50% refund; Cancellations after 10/5/2011, will NOT be refunded.

MAKE CHECK PAYABLE TO CAADS, OR COMPLETE THE CREDIT CARD INFORMATION BELOW:

Visa MasterCard Discover (We do **not** accept American Express) Total Amount Enclosed: \$ _____

Credit Card Number _____

Expiration Date _____

Name as it appears on the card _____

Cardholder's Billing Address _____

Zip Code _____

Authorized by (Print Name) _____

Signature _____

Date _____