



**74th Wyoming Hospital Association
&
LeadingAge Wyoming
Annual Meeting & Convention**

“What If...”

What if...? How would you frame your passion around that question? Are there ways we can work together in Wyoming to bring your “what if” closer to reality? Let’s find out!

Vendor Guide

**Little America Hotel & Resort
Cheyenne, Wyoming**

Wednesday, September 4, 2019

**LeadingAge[™]
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 Little America 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 Little America Hotel & Resort. WHA will not be responsible for your materials or equipment while exhibiting during our Convention.

ADVERTISING

Advertising in the 2019 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, 2019.

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 Exhibitor Contracts.

EXHIBIT HALL TIMES

Wednesday, September 4, 2019

8:00 a.m. - 10:30 a.m. – Set-Up

11:00 a.m. - 2:00 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 Little America Hotel & Resort, at a discounted rate of \$100.00. 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 3, 2019 to guarantee the discounted room rate.**

GOLF

We will be sponsoring a golf tournament on Tuesday, September 3, 2019. 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

Little America Hotel & Resort
2800 West Lincolnway
Cheyenne, WY 82009
307-775-8400
Deadline August 3, 2019 - \$100/night

WYOMING HOSPITAL ASSOCIATION

**September 4, 2019
Cheyenne, 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

Please provide 15-20 word description of the product or service of your organization, for the Exhibitor Listing

We hereby agree to attend the 2019 WHA Annual Convention. We understand that if we cancel any time before August 1, 2019, that WHA will retain \$50 of the exhibitor entry fee and any cancellations from August 1, 2019 to September 1, 2019, WHA will retain \$100 of the fee, after September 1, 2019, 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 4-5, 2019

SPONSORSHIP FORM

In preparing for our 2019 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, with a brief description. 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

_____ \$2,000 Awards Banquet

_____ Other (please describe) _____

If you wish to discuss other possibilities of sponsorship please feel free to call Rose Fishback at 307-632-9344. We thank you for your continued support of our Association and its membership.

Name: _____ Phone Number: _____

Sponsoring Company Name: _____

Address: _____

E-mail Address _____

**13th Annual
Wyoming Hospital Association PAC Golf Tournament
Cheyenne Country Club
September 3, 2019**

1:00 p.m. Shotgun Start

Format: 4 person per team scramble at a cost of \$125 per player or \$500 per team.

We are looking for sponsors for this event as well as contributions for hole prizes. If you have any questions regarding sponsorship, contributing hole prizes or just wanting to sign up for the event, please contact Rose Fishback at 307-632-9344.

Fee includes: 18-hole green fee, riding cart, prizes and a social following play

Hole Sponsor - \$200

Prize Donation (please specify) _____

Participants - Please print names - \$125/person or \$500/Team

Name: Handicap or Approximate 18 Hole Score

_____	_____
_____	_____
_____	_____
_____	_____

Company Name: _____

Contact Name and Phone Number: _____

E-mail address: _____