

CVMA Convention 2017 Partnership Opportunities Contract

Please return this contract by March 21, 2017 for your company name to be in the Registration brochure.

Company name _____

Address _____

City / State / Zip _____

Contact person / Title _____

E-mail / Phone / Fax _____

Company website _____

Signature of authorized individual _____

Printed name of authorized individual _____

ADVERTISING *Please circle your advertising selection.*

Partner Level	Presenting	Hosting	Supporting	Contributing	Participating/ Exhibitor
Full-page advertisement in the registration brochure	4C: \$420	4C: \$515	4C: \$600	4C: \$725	4C: \$825
Half-page advertisement in the registration brochure	4C: \$250	4C: \$350	4C: \$400	4C: \$450	4C: \$525
Full-page advertisement in the convention program	Free	\$305	\$425	\$525	\$650
Half-page advertisement in the convention program	Free	\$185	\$250	\$325	\$395

Registration Brochure/Program Advertising Specifications

Finished Size	Full-page Ad	Half-page Ad	Digital Artwork Due
8.5" x 11"	7.5" x 10"	7.5" x 5"	Registration: March 15 Program: July 17

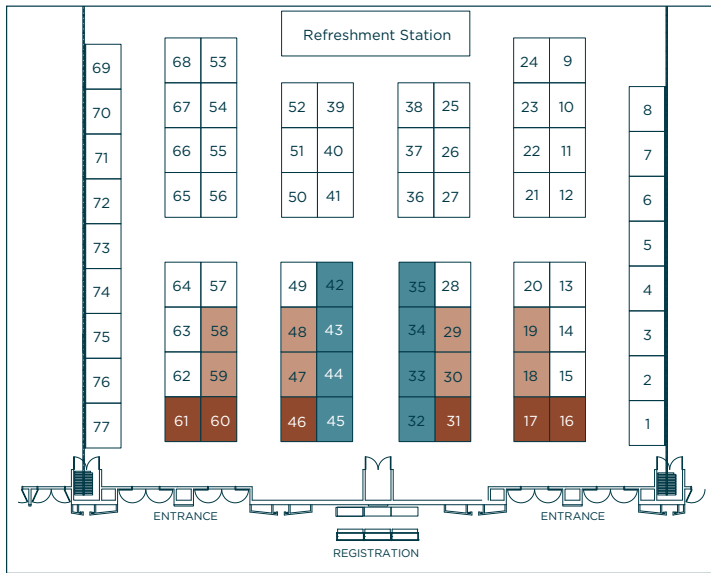
Total Advertising Fees \$ _____

Exhibitor or third party representative shall be fully responsible to pay for any and all damages to property owned by Embassy Suites Loveland Hotel, Spa, and Conference Center or Colorado Veterinary Medical Association, their owners or managers, which results from any act or omission of Exhibitor or third party representative. Exhibitor or third party representative agrees to defend, indemnify and hold harmless, Embassy Suites Loveland Hotel, Spa, and Conference Center, Colorado Veterinary Medical Association, and their respective owners, managers, officers or directors, agents, employees, subsidiaries and affiliates, from any damages or charges resulting from their use of the property, including attorney fees and expense. Exhibitor's or third party representative's liability shall include, without limitation, all losses, costs, damages, or expenses arising from or out of or by reason of any accident, property damage, bodily injury or other occurrences to any person or persons or property, including the Exhibitor or third party representative, its agents, employees, and business invitees which arise from or out of the Exhibitor's or third party representative's occupancy and use of the exhibition premises, Hotel or any part thereof. Exhibitor or third party representative agrees to provide a certificate of insurance to hotel which names the Embassy Suites Loveland Hotel, Spa, and Conference Center, its Owner and Manager, and Colorado Veterinary Medical Association as additional insureds to their policy.

Initial Here _____

Continued on page 9

CVMA Convention 2017 Exhibitor Floor Plan



- Premium Corner Booths
- Premium Booths
- Hosting and Presenting Partner Booths

EXHIBIT

YES! We want to exhibit at CVMA Convention 2017 and need the following:

- | | |
|---|--|
| <input type="radio"/> 1 booth 8' x 10' Standard \$1,295 | <input type="radio"/> 2 booths 8' x 10' Standard \$2,331 |
| <input type="radio"/> 1 booth 8' x 10' Premium \$1,595 | <input type="radio"/> 2 booths 8' x 10' Premium \$2,871 |
| <input type="radio"/> 1 corner booth 8' x 10' Premium \$1,895 | <input type="radio"/> 2 corner booths 8' x 10' Premium \$3,411 |

_____ Booth(s) for a Total of \$ _____

EXHIBITOR & BADGE INFORMATION

Per your partner level, list the names (as you would like them printed) of those individuals who will represent your company. Please include email addresses for individuals who are to receive exhibitor information.

Complimentary Badges

1. _____
2. _____
3. _____

Complimentary Tickets Needed

- | | |
|--------------------------------|-------|
| Friday, CVMA / CSU Reception | _____ |
| Saturday, Celebration Luncheon | _____ |
| Saturday, Casino Night | _____ |

Additional Badges (\$75 each)

1. _____
2. _____
3. _____

Additional Tickets Needed

- | | | |
|---------------------------------------|-------|--------------|
| Friday, CVMA / CSU Reception (\$20) | _____ | Total |
| Saturday, Celebration Luncheon (\$25) | _____ | |
| Saturday, Casino Night (\$25) | _____ | |

EXHIBIT LOCATION

Exhibitors can select booth location, which is accommodated on a first-come, first-served basis. Please indicate desired location(s) of your booth(s):

1st choice: _____ 2nd choice: _____

3rd choice: _____

List any organization you do not wish to be located near, adjacent to, or opposite from _____

Will your booth feature any prize drawings:

Yes No If so, please list prize(s): _____

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SPONSORSHIP OPPORTUNITIES *Please circle your sponsorship selection.*

Connection Builders	Exclusive	Co-Sponsorship
Casino Night	\$3,000	\$1,000
Celebration Luncheon (Saturday)	\$5,000	\$2,500
Cell Phone Charging Station	\$1,000	N/A
Exhibit Hall Refreshment Stations	\$2,000	\$1,000
Golf Tournament	\$1,500	\$500
Keynote Breakfast	\$1,500	\$500
Mobile App	\$1,500	\$500
Networking Lunch (Friday)	\$5,000	\$2,000
Opening Session	\$2,500	\$1,500
Pad Folios/Notebooks	\$2,500 or in kind	N/A
Printer Station	SOLD	SOLD
Push Notifications through Mobile App	N/A	\$150-\$500
Send-a-Student	N/A	\$150/student
Tote Bag Inserts (6x9 postcard recommended)	N/A	\$500
Tote Bag Logo	\$4,000	\$1,500
USB Flash Drive Convention Proceedings	\$4,000	N/A
Water Bottles	\$2,000	N/A
Wi-Fi in Meeting Rooms/Splash Page	\$1,500	

GOLF TOURNAMENT

	# people	x	Cost	=	Total
Annual Golf Tournament* (Thursday)	_____	x	\$75	=	_____

Players in your foursome: 1. _____ 2. _____
 3. _____ 4. _____

* If you are NOT designating a foursome, please list your **handicap** so that we may better group you: _____

Total Golf Fees \$ _____

PAYMENT SUBTOTALS

Exhibit Booth(s) \$ _____
 Advertising \$ _____
 Sponsorship(s) \$ _____
 Complimentary Badges/Tickets N/A
 Additional Badges/Tickets \$ _____
 Golf \$ _____

TOTAL AMOUNT DUE \$ _____

SIGNATURE

Note: All Partnership Opportunities Contracts must be signed to confirm booth reservations.
 I understand, and agree to abide by, the official Exhibit Rules and Regulations provided herein.

Signature / Date _____

Check/payable to CVMA Charge my Visa Mastercard Discover AMEX

Card number _____

Expiration date _____ Security Code _____

Name on card _____

Full billing address/zip code _____

Signature _____

Please keep a photocopy of this contract for your records.

Mail, Fax, or Email all 3 pages of contract to:
 CVMA/Samantha Hoyt
 191 Yuma Street
 Denver, CO 80223
 303.318.0449 FAX
 303.318.0450 FAX
 samanthahoyt@colovma.org

Questions?
 Contact CVMA at
 303.539.7260