

Complete & email this form or register online at  
[www.CTAssistedLiving.com](http://www.CTAssistedLiving.com)

Contact Person: \_\_\_\_\_ Cell/Best Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Company Name for Booth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Exhibitor Information**

Each exhibitor receives one 8' x 8' booth, one 6' skirted table with two chairs and breakfast, lunch and reception for two people.  
 Set up: Thursday, March 20, 6:30 am – 9:00 am

**8 x 8 Booth: \$950 by February 9, 2025; \$1,075 for booths after 2/9/25**

Booth selection is on first come first served basis. See Exhibition Layout form. Payment must be received before booth will be assigned.

1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_ 3rd Choice: \_\_\_\_\_

**Booth Representatives:** *Every exhibitor must have an official CALA badge. If an exhibitor does not have an official badge, they will be asked to register as an attendee at the onsite show attendee price of \$225.*

Exhibitor #1 included with fee

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Exhibitor #2 included with fee

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Staff @ \$150 each

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

**Sponsorship Opportunities** (See details on page 3)

- Title sponsor — \$5,000
- Keynote Speaker — \$3,300
- Contributing Sponsor — \$2,750
- Supporting Sponsor — \$1,500
- Reception Sponsor — \$600

**Exclusive Sponsorships**

- Conference Bag Sponsor — \$3,300
- Breakfast Sponsor — \$2,750
- Lunch Sponsor — \$2,750
- Dessert Sponsor — \$2,750
- Coffee Break Sponsor — \$1,800
- Lanyard Sponsor — \$600
- Conference Pad Sponsor — \$350

**Advertising Opportunities for Conference Program Booklet**

- \$700 Full Page (8.5 x 11")
- \$525 Half Page (8.5 x 5.5" Horizontal)
- \$420 Quarter Page (4 x 5.5")

**Artwork must be received by February 24, 2025.**

**Send high resolution PDF file to [Lheintz@ctassistedliving.com](mailto:Lheintz@ctassistedliving.com).**

**Payment Enclosed:**

Booth Only \$ \_\_\_\_\_  
 Additional Staff \$150 ea. \$ \_\_\_\_\_  
 110 Outlet \$95 Each \$ \_\_\_\_\_  
 Sponsorship \$ \_\_\_\_\_  
 Advertising \$ \_\_\_\_\_  
**Total Enclosed: \$ \_\_\_\_\_**

**If paying by check,** complete form and mail to

**CALA**  
**PO Box 483**  
**Old Lyme, CT 06371**

**If paying by credit card,** complete form and mail to address below or email to:

**[Lheintz@ctassistedliving.com](mailto:Lheintz@ctassistedliving.com)**  
**Or — register online at**  
**[www.CTAssistedLiving.com](http://www.CTAssistedLiving.com)**

**Credit Card Information:**

- MasterCard     Visa     Discover     AMEX

Credit Card# \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC \_\_\_\_\_

Name on Card: \_\_\_\_\_

Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_