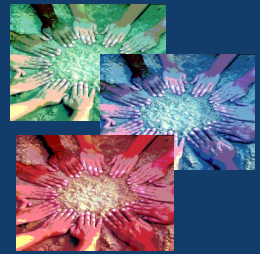




CONNECTICUT CLINICAL SUPERVISION CONFERENCE 2012

CCB Annual Conference—May 21, 2012

Crowne Plaza Hotel, Cromwell, CT



SPONSORSHIP & EXHIBITOR REQUEST

First Name: _____

Date: _____

Last Name: _____

Mr. Mrs. Ms. Dr.

Contact Email: _____

Phone Number: _____

Organization: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Website: _____

Fax Number: _____

Type of Exhibit(s): _____

Description of Products or Services to Exhibit: _____

Exhibit Locations Requested: _____

EXHIBIT AGREEMENT

1. **My organization is interested in exhibiting at the 2012 CCB Clinical Supervision Conference on May 21 2011 (Exhibit space is unavailable on May 22, 2012).**
2. **My organization is solely responsible for any loss or damage of exhibit materials. All property of my organization is understood to be in my organization's custody and control in transit to and from or within the confines of the exhibit. My organization agrees to indemnify and hold harmless the Connecticut Certification Board, Inc. and the Crowne Plaza Hotel, Cromwell, CT for any loss or damage to exhibit materials.**
3. **My organization is not guaranteed any specific placement of exhibit location(s) or promised anything that is not documented in writing by the Connecticut Certification Board, Inc. or the Crowne Plaza Hotel, Cromwell, CT.**
4. **My organization will be listed as an exhibitor of the conference on the conference website www.ctcertboard.org and on promotional and print materials related to the conference. I agree to allow the use of my organization logo(s) and contact information including website and contact information in the conference materials.**
5. **My organization agrees to pay the exhibit amount in full (i.e., stipulated to on page two of this application) no later than March 30, 2012. My organization understands that failure to pay the exhibit amount in full prior to March 30, 2012 may cancel this agreement and forfeit my organization's opportunity to exhibit at the event.**
6. **Exhibit space is limited and available on a first come – first served basis. Conference Sponsors and partners will be given first priority for exhibit space. I understand that my organization is not guaranteed exhibit space.**



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My organization is interested in supporting the 2012 CCB Clinical Supervision Conference at the following level and I agree to the terms set forth in this agreement:

_____ **Diamond Level Sponsorship & Exhibitor—\$15,000**

- Benefits:*
1. Complimentary registration for agency staff and representatives (up to 80 people)
 2. Premier placement in the conference print material and website
 3. Prime exhibit locations and special signage to feature your exhibit and organization
 4. Featured promotion materials placed throughout event
 5. Premium advertising in conference brochure

_____ **Platinum Level Sponsorship & Exhibitor—\$10,000**

- Benefits:*
1. Complimentary registration for agency staff and representatives (up to 50 people)
 2. Excellent placement in the conference print material and website
 3. Special signage to feature your exhibit and organization
 4. Special advertising in conference brochure
 5. Two 6-foot tables staffed by up to 8 people

_____ **Gold Level Sponsorship & Exhibitor—\$5,000**

- Benefits:*
1. Complimentary registration for agency staff and representatives (up to 22 people)
 2. Strong placement in the conference print material and website
 3. Special signage to feature your exhibit and organization
 4. Special advertising in conference brochure
 5. Two 6-foot tables staffed by up to 4 people

_____ **Silver Level Sponsorship & Exhibitor—\$2,500**

- Benefits:*
1. Complimentary registration for agency staff and representatives (up to 10 people)
 2. Strong placement in the conference print material and website
 3. One 6-foot tables staffed with 2 people

_____ **Bronze Level Sponsorship & Exhibitor—\$1,000**

- Benefits:*
1. Complimentary registration for agency staff and representatives (up to 4 people)
 2. Strong placement in the conference print material and website
 3. One 6-foot tables staffed with 1 person

_____ **Copper Level Sponsorship & Exhibitor—\$500**

- Benefits:*
1. Complimentary registration for agency staff and representatives (up to 2 people)
 2. Placement in the conference print material and website

Signed: _____

Title: _____



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Only 36 Exclusive Exhibit Spaces Available this Year

Premier Exhibit Location 1 Day \$600.00

Exclusive Exhibit Location 1 Day \$500.00

Please see preliminary floor plan on next page for layout options.

For more opportunities, please contact Marshall Rosier to discuss exhibiting/
sponsorship opportunities at 203.284.8800 or by email at
mrosier@ctcertboard.org.

EXHIBITOR PAYMENT AGREEMENT

Exhibit Type: Premier Exclusive

Payment Information:

Purchase Order # _____

Payment should be received by: _____/_____/2012

Check/Money Order (Enclosed)

Make check payable to: Connecticut Certification Board

Federal Tax ID #: 06-1033064

Send payment to: CCB—Conference Exhibit Agreement
100 South Turnpike Road, Suite C
Wallingford, CT 06492

For more opportunities about the conference, please contact the CCB by
calling 203.284.8800 or visit our website at www.ctcertboard.org.



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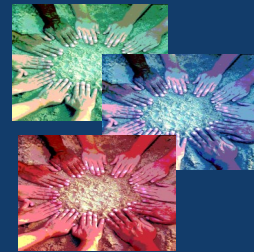
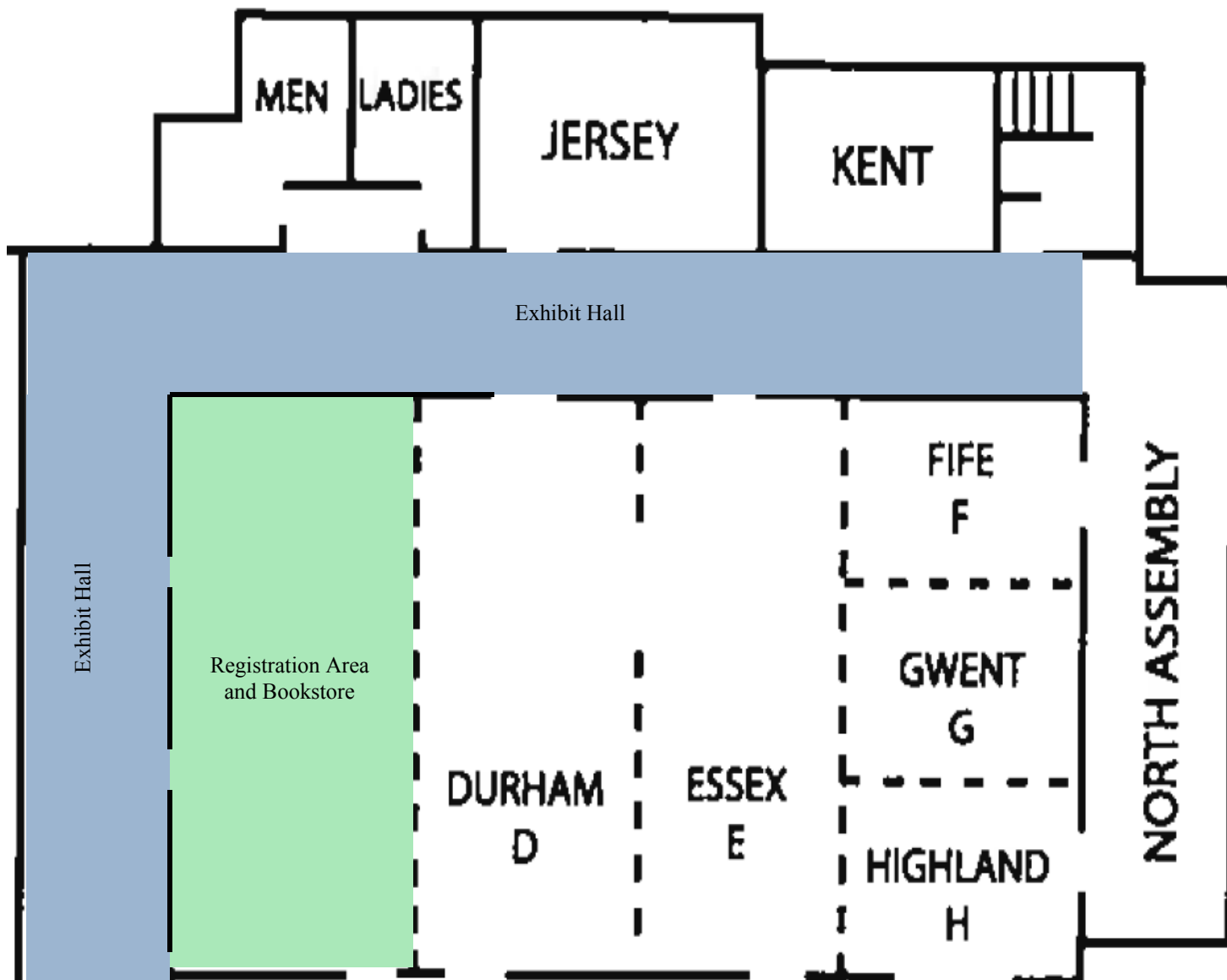


Exhibit Space



	Premier Exhibit Location	1 day \$600.00
	Exclusive Exhibit Location	1 day \$500.00

Exhibit space will be assigned by the CCB on a first come, first served basis.