

**MeadowView Marriott** • 1901 Meadowview Parkway • Kingsport, TN 37660 • (423) 578-6600

The TCA is excited to offer **regional** exhibiting opportunities, in addition to the **Southern Chiropractic Conference**, the largest EXPO in Tennessee.

We are proud to offer these exhibiting and sponsorship options to keep doctors and their staff in Tennessee informed about products and services benefitting their practice.

We want you to know that the TCA is committed to the safety, health and wellbeing of our exhibitors and attendees, our team and our community. We will be implementing procedures and practices at this event based upon current guidelines to help protect everyone in attendance.

[Click here](#) to read our updated TCA Event Policies.

### UPPER EAST SEMINAR EXHIBIT DATES & TIMES *(all times Eastern time)*

Saturday, Feb. 25..... 7:15am—5:00pm  
 Sunday, Feb. 26..... 7:00am—12:00pm

### SET-UP/TEARDOWN DATES & TIMES

Saturday, Feb. 25 (set-up)..... 6:30am—7:15am  
 Sunday, Feb. 26 (teardown)..... 12:00pm—1:00pm

### EXHIBITOR INFORMATION

#### Tabletop Exhibit Includes:

- One 6'x 2.5' draped table
- Chair and wastebasket
- Name badges for one exhibit staff person
- Printout of doctor seminar registrants  
*(name, address, phone)*

Please Note: Security is not provided at this venue.

### SPONSORSHIP OPPORTUNITIES

*(choose your option on page 2 of registration prospectus)*

#### Saturday Seminar Break Sponsor—\$250.00

*(Exhibit registration not required)*

- **2 minutes to speak to general session**
- Recognition on signage as break sponsor
- Recognition in on-site announcements

### EXHIBIT REQUIREMENTS

#### Single Tabletop Exhibit

All exhibits will be tabletop only and **must be**

**contained upon the tabletop provided.** Or, if table is waived, must be contained within the of the allotted space. Please inform the TCA of your intent to waive your table in the “Special Needs Required” section of the contract. *(If any portion of exhibit extends outside exhibit area, exhibitor may be charged for additional space.)*

*Please be aware that photographs will be taken throughout this event for use in future TCA approved publications, promotions, presentations and/or any other media formats.*



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CONTRACT FOR EXHIBIT TABLE-TOP SPACE

Please Type or Print Legibly

Company Name: \_\_\_\_\_ (as it should be listed)

Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Toll-free: \_\_\_\_\_ Fax: \_\_\_\_\_

Products/Services to be exhibited: \_\_\_\_\_

Up to two complimentary badges are provided with each single exhibit table-top space. Please list the name(s) and title of the individuals who will staff your exhibit as you wish them to read on the name badges.

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

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

EXHIBIT PAYMENT INFORMATION

Space reserved based on Corporate Membership and the order of which the contracts are received. Corporate Membership must be renewed prior to receiving benefits. Please understand that space is not guaranteed until confirmation has been issued.

- TCA Corporate Member ~ - \$250.00
○ NON TCA Corporate Member - \$350.00
○ Seminar Break Sponsor (Sat.) - \$250.00

Electrical Needed?

- Yes (there is an additional charge of \$55)\*
○ No

\*The charge for electric may vary among different venues as this is a charge stipulated by the venue, not the TCA.

Special Needs Required - Explanation of special needs required: \_\_\_\_\_

TOTAL PAYMENT \$ \_\_\_\_\_

Check # \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Card Holder: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Return this contract and payment to: e-mail: laura@TNChiro.com

Registration not valid unless accompanied by payment. All fees are non-refundable and non-transferable. Confirmations will be emailed to all confirmed registrants once registration has been processed.