

Memphis Marriott East • 5795 Poplar Avenue • Memphis, TN 38119 • (901) 682-0080

The TCA is excited to offer **regional** exhibiting opportunities, in addition to our **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.

Space is Limited—Act Now
As a benefit, TCA Corporate Members receive a week-long head start on registration, then any available tables will be open to all vendors. Submit your contract and payment as soon as possible.

2020 EXHIBIT DATES & TIMES (all times Central time)

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

Interested in Corporate Membership? Visit

<https://www.tnchiro.com/corporate-members/member-benefits/>

SET-UP/TEARDOWN DATES & TIMES

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

EXHIBITOR INFORMATION

Tabletop Exhibit Includes:

- One 6'x 2.5' draped table
- Two chairs and wastebasket
- Name badges for up to two exhibit staff
- Printout of doctor seminar registrants
(name, address, phone)

Please Note: Security is not provided at this venue.

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.

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

Saturday Luncheon Sponsor—\$1,500.00

- Opportunity to greet guests as they come into luncheon
- Opportunity to place literature on luncheon tables
- 5 minutes to speak during luncheon.
- Recognition on signage
- Recognition on scheduled pre-event promotions
- Recognition during general session announcements and on venue signage

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.

Look for our other exhibiting opportunities on our website: www.TNChiro.com



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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
- Luncheon Sponsor (Sat.) - \$1,500.00

Electrical Needed? Yes No

(If yes, complete attached electric order form and Marriott credit card auth. for that charge. Submit these via contact information on forms.)

IT IS SUGGESTED THAT YOU BRING AN EXTENSION CORD AND/OR POWER STRIP IN THE EVENT THESE ARE NEEDED.

Special Needs Required - Explanation of special needs required: _____

TOTAL PAYMENT \$ _____ Check # _____
Card Number: _____ Exp. Date: _____
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.



MARRIOTT

Marriott Memphis East, TN 38119

Phone (901)682-0080 Fax: (901) 896-3812

ELECTRICAL ORDER FORM

Booth # _____ Company Name _____

Contact Name _____ Email _____

Phone (____) ____ - ____ Fax (____) ____ - ____

Address _____

City/State _____ Zip _____

Electrical Power for Booth Space: *Extension cord (25') and power strip are \$20 each.*

(Includes AV tech set-up)

RETURN FORM & Credit Card Authorization BY EMAIL OR FAX

Marriott Memphis East Contact: Keyana Davis

Keyana.Davis@remingtonhotels.com

(Fax: 901.896.3774)



Credit Card Authorization Form

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please fax the completed form to the Accounting Department at 901.896.3822

Cardholder Information

Name as it appears on the credit card: _____

Card type: [] Visa [] MC [] Amex [] Diners/CB [] Discover [] JCB

Account type: [] Individual (personal credit card)

[] Corporate | Company Name: _____

Account number: _____ Exp. date: _____

Address: (where statement is mailed) _____

City, State and Zip: _____

Phone number: _____ Fax or alternate number: _____

Guest Information

Guest name: _____

Company: _____

Phone number: _____ Fax or alternate number: _____

Confirmation number: _____

Arrival date: _____ Departure date: _____

Relation to cardholder: [] Relative [] Friend [] Business Associate [] Other: _____

Rate Information and Approved Charges

Room rate:* _____ Taxes:* _____ Total daily rate:* _____ Number of nights: _____

*(Rate and tax amount must be provided by a hotel representative in order to complete this form)

[] All Charges [] Room & Tax [] Telephone (LD) [] Telephone (Local) [] Restaurant

[] Room Service [] Valet (Laundry) [] Parking [] HS Internet Access [] Movies

[] Other: _____

I certify that all information is complete and accurate. I hereby authorize Memphis Marriott East to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit card listed above. Charges must not exceed _____ for the entire stay/event. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____ Date: _____