

ALAA 2025 FALL TRADE SHOW EXHIBITOR CONTRACT

September 8-10, Renaissance Montgomery Hotel & Spa at the Convention Center

EXHIBITOR INFORMATION

Please complete the company information below as you would like it to appear in official ALAA publications/signs:

Company Name: _____

Address: _____

City: _____ St: _____

Zip: _____ Phone: _____

Exhibitor Contact Person*: _____

Phone: _____

Email: _____

*The Exhibitor Contact Person will receive important information, including booth confirmation and registration information. EXHIBITOR ATTENDEES SEE PAGE TWO OF CONTRACT.

PRODUCT CATEGORIES

- | | |
|--|---|
| <input type="checkbox"/> Accounting/Reimb | <input type="checkbox"/> Consulting/Management |
| <input type="checkbox"/> Design/Construction | <input type="checkbox"/> Medical Supplies/Equipment |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Food Serv/Nutrition | <input type="checkbox"/> Safety/Security |
| <input type="checkbox"/> Furnishings/Design | <input type="checkbox"/> Staffing |
| <input type="checkbox"/> Group Purchasing | <input type="checkbox"/> Satellite/TV |
| <input type="checkbox"/> Hospice Care | <input type="checkbox"/> Technology/Software |
| <input type="checkbox"/> Housekeeping Prod | <input type="checkbox"/> Training/Education |
| <input type="checkbox"/> Insurance Services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Linens & Textiles | Other: _____ |

EXHIBIT SPACE LEVEL

MEMBERS:

- Standard Booth Package \$1500 (2 attendees)
- Gold Sponsor Package \$2000 (2 attendees)
- Platinum Sponsor Package \$2500 (3 attendees)
- Break Sponsor Package \$3000 (2 attendees)
- Luncheon Sponsor Package \$3300 (3 attendees)
- Conference App/Tech Sponsor Package \$4200 (2 attendees)
- Keynote Speaker Sponsor Package \$4300 (2 attendees)
- Hotel Key Card Sponsor Package \$4300 (2 attendees)
- Lanyard/Name Badge Sponsor \$4500 (4 attendees)
- Networking Reception Sponsor Package \$6500 (5 attendees)
- Conference Sponsor Package \$8000 (6 attendees)

SPONSORSHIP LEVEL

NON-MEMBERS:

- Standard Booth Package \$1700 (2 attendees)
- Gold Sponsor Package \$3000 (2 attendees)
- Platinum Sponsor Package \$3700 (3 attendees)
- Break Sponsor Package \$4000 (2 attendees)
- Luncheon Sponsor Package \$4300 (3 attendees)
- Conference App/Tech Sponsor Package \$5200 (2 attendees)
- Keynote Speaker Sponsor Package \$5300 (2 attendees)
- Hotel Key Card Sponsor Package \$5300 (2 attendees)
- Lanyard/Name Badge Sponsor \$5500 (4 attendees)
- Networking Reception Sponsor Package \$7500 (5 attendees)
- Conference Sponsor Package \$9500 (6 attendees)

LEVEL	COST
	\$ _____

ASSOCIATE MEMBERSHIP

Associate Membership (\$650 Annual Dues Fee)
\$ _____

TOTAL FEES

EXHIBIT PACKAGE	\$ _____
POWER \$300.00	\$ _____
ATTENDEES (PAGE 2)	\$ _____
ASSOC MEMBERSHIP	\$ _____
TOTAL AMOUNT DUE	\$ _____

PAYMENT INFORMATION

Mail to: PO Box 288 Helena, AL 35080
Fax: (334) 262-4603
Email : lmorgan@alaaweb.org

- Check enclosed made payable to ALAA.
- Please invoice me at the address included in the Exhibitor Information section.
- Payment information included on page 2.

Note: Full payment must accompany contract. Booth numbers will not be assigned until payment is received.

QUESTIONS?:

Phone: (334) 262-5523
Email : lmorgan@alaaweb.org

ALAA 2025 Fall Gold Sponsor

September 8-10, Renaissance Montgomery Hotel & Spa and Convention Center

Sponsor Name: _____

Member Non-Member

This information MUST BE PROVIDED so attendees will have a name badge at registration!

1. _____ Email (Required): _____

Title: _____ License #: ALA: _____ NHA: _____ ABN: _____

2. _____ Email (Required): _____

Title: _____ License #: ALA: _____ NHA: _____ ABN: _____

Additional Attendee Names (limit of two @ \$200 each):

1. _____ Email (Required): _____

Title: _____ License #: ALA: _____ NHA: _____ ABN: _____

2. _____ Email (Required): _____

Title: _____ License #: ALA: _____ NHA: _____ ABN: _____

ALL persons on-site MUST be registered and have a valid conference badge.

Total # of Registrants: _____ Total Amount to Charge: \$ _____

Check Enclosed (Payable to ALAA, PO BOX 288, Helena AL, 35080)

Please Charge My: Visa M/C Discover Am/Ex ***3% Processing Fee for Credit Cards***

Name on Card: _____ Phone #: _____

Card #: _____ - _____ - _____ - _____ CVV: _____ Zip: _____

Exp Date: ____ / ____ / ____ Signature: _____

Email (if you would like to receive a receipt): _____

Fax to (334) 262-4603, or email to lmorgan@alaaweb.org ***NO REFUNDS will be given if canceled after September 4, 2025***