



Annual Spring Institute

April 13–15, 2010 — Ramkota Hotel, Sioux Falls, SD



CARING FOR OTHERS STARTS WITH YOU



Sponsored by



South Dakota
Health Care AssociationSM

South Dakota Health Care Association's Annual Spring Institute

“CARING FOR OTHERS STARTS WITH YOU”

April 13 -15, 2010

Ramkota Hotel
Sioux Falls, South Dakota

SDHCA SPRING EXHIBIT SHOW THURSDAY, APRIL 15, 2010

PREMIER EXHIBIT HOURS

Set up will be on Wednesday, April 14, 2010 from 1:00 PM until 4:00 PM. Exhibits will begin on Thursday, April 15, 2010 at 7:15 AM with a continental breakfast and continue until 2:15 PM after the last break.

EXHIBIT FEE

The exhibit fee is \$575.00 per booth for Corporate Members of SDHCA. The exhibit fee is \$1,100.00 for other vendors not associated with SDHCA. If the Exhibitor cancels the exhibit booth, \$250.00 will be retained to cover expenses already incurred by SDHCA. No refunds will be issued after February 26, 2010.

BOOTH SPECIFICATIONS

All exhibit booths will be 10' x 10' wide. Each booth will be provided with complimentary piped draping, table and two chairs. Electricity will be provided if requested on the exhibit form. A 110-volt is provided, if a 220-volt is needed, there will be an additional charge. Extension cords may be required and are the exhibitors' responsibility.

STORAGE

The Ramkota Hotel will receive freight for storage a few days prior to the Institute. Exhibitors will need to make arrangements with Julie Coleman at the Ramkota Hotel at (605) 336-0650.

INQUIRIES

Please direct all questions or comments to: Sarah Ewing, Executive Assistant



South Dakota
Health Care AssociationSM

804 N Western Avenue
Sioux Falls, SD 57104

Phone (605) 339-2071 • Fax (605) 339-1354
Email: sdhca@sdhca.org • Web Page: www.sdhca.org

SDHCA Spring Exhibit Show

EXHIBIT FORM

COMPANY _____
(Type or Print name as it should appear on all Institute Materials)

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____

CONTACT PERSON _____

CONTACT PERSON EMAIL ADDRESS _____

Name and title of those staffing your booth(s), as they will appear on name badges:

NAME _____ TITLE _____ CITY/STATE _____

NAME _____ TITLE _____ CITY/STATE _____

Description of the product/service of your company as you would like it PRINTED in the Institute Booklet:
(Must be completed)

Does your booth require electricity? Yes No 110 volt 220 volt (extra charge)

I, on behalf of my company, hereby agree to exhibit as indicated on this form in the 2010 SDHCA Spring Exhibit Show on April 15, 2010. We understand there will be a **\$250.00 penalty for cancellations and that no refund will be issued after February 26, 2010.**

By _____ Date _____
Authorized Signature

Name _____ Title _____

Sponsor/Exhibit (SDHCA Corporate Member) \$575.00
Sponsor/Exhibit (Non-Member) \$1,100.00

Return this completed form along with a check for the payment of your booth to:

SOUTH DAKOTA HEALTH CARE ASSOCIATION
804 N Western Avenue
Sioux Falls, SD 57104

EXHIBIT FORMS MUST BE RECEIVED BY FEBRUARY 26, 2010 TO ASSURE BOOTH SPACE AND TO BE PRINTED IN THE SPRING INSTITUTE BOOKLET!

**Come Exhibit with
SDHCA and Show the
SD LTC Employees
You Care.**



South Dakota
Health Care Association_{SM}