

DECEMBER 4-6, 2016 CCAO/CEAO ANNUAL WINTER CONFERENCE

Hyatt Regency Columbus & Greater Columbus Convention Center, Battelle Hall North

350-400 North High Street
Columbus, OH 43215

Sunday, December 4, 2016

Exhibitor Move In.....2:00 pm - 4:00 pm
Reception/Entertainment in Trade Show....5:00 pm - 7:00 pm

Monday, December 5, 2016

Trade Show Open7:30 am - 3:30 pm
Breakfast.....7:30 am - 8:30 am
Ice Cream Social.....1:30 pm- 2:30 pm
Exhibitor Tear Down/Move Out.....3:30 pm - 4:30 pm
(Exhibits MUST remain set up until 3:30 pm)

****Shepard Exposition Services** will contact you with the exhibitor kit including:

- Electric form
- Telephone line form
- Additional booth equipment
- Internet request form

Hotel Information

Headquarters Hotel

Hyatt Regency Columbus, 350 North High Street, Columbus, OH 43215, (888) 591-1234 or online at <https://aws.passkey.com/event/14652377/owner/6804/home>

Room rate: \$126 single/double/triple/quad.

Hyatt reservation cut-off date: November 14, 2016.

Alternate Conference Hotel

Crowne Plaza Columbus Downtown, 33 East Nationwide Blvd., Columbus, OH 43215, (888) 338-4462 or online at

<https://www.ihg.com/crowneplaza/hotels/us/en/columbus/cmhoc/hoteldetail> - IATA #: 99801505, group code: OWC.

Room rate: \$109 single, \$119 double, \$129 triple, or \$139 quad.

Crowne Plaza reservation cut-off date: November 14, 2016.

EXHIBITOR BENEFITS:

- 2 – Sunday Reception/ Entertainment tickets
- 2 – Monday Breakfast tickets
- 2 – Monday Lunch Tickets
- Ice Cream Social

INCLUDES:

- 10' x 10' draped carpeted booth area
- One 6' x 30" skirted table with 2 folding chairs or one 30" x 40" pedestal table & 2 stools
- One 7" x 44" display sign
- Installing, maintaining and dismantling of one draped booth space
- Space rental fee
- Company name in program
- Overnight security

COST:

BEFORE 11/14..... \$725

AFTER 11/14.....\$800

**REGISTER TODAY – SPACE
IS LIMITED!**

PLEASE MAKE CHECKS PAYABLE TO:

THE CONFERENCE ACCOUNT
C/O CEAO

6500 Busch Boulevard
Suite 100

Columbus, OH 43229-1758

(614) 221-0707

Fax: (614) 221-5761

www.ceao.org

**CCAO/CEAO ANNUAL WINTER CONFERENCE
TRADE SHOW REGISTRATION FORM**

December 4-6, 2016 | Trade Show December 4-5, 2016

ORGANIZATION _____

ADDRESS _____

CONTACT PERSON _____ PE PS TITLE _____

PHONE _____ FAX _____ EMAIL _____

REPRESENTATIVES ATTENDING TRADE SHOW ARE:

Name _____

PE PS Title _____

Email _____

Name _____

PE PS Title _____

Email _____

PLEASE LIST/DESCRIBE THE SERVICE(S)/PRODUCTS(S) & SPECIALIZATION PROVIDED BY YOUR ORGANIZATION. LIST COMPANIES THAT YOU PREFER NOT TO BE LOCATED NEAR.

PREFERRED LOCATION (SEE ATTACHED CHART): 1st choice _____ 2nd choice _____ 3rd choice _____

Cost: \$725/Booth before 11/14 \$800/Booth after 11/14 **# of Booths:** _____ **Total: \$** _____

Exhibitor Representatives: Two (2) representatives are included in your booth registration. Additional booth representatives may register for \$100 per person by completing the attached form. This includes Sunday evening reception/entertainment, Monday breakfast, Monday lunch, and Monday ice cream social break.

Insurance Coverage: Vendor agrees that they are solely responsible for any and all liability caused in whole or in part by their employees, agents, guests and anyone participating in this event through them. Vendor further agrees to indemnify and hold harmless CCAO/CEAO, its employees, board members and affiliates from any and all liability which may result from the vendor's participation in this event. Vendor agrees to comply with all applicable laws, ordinances and regulations and is solely responsible for said compliance by vendor, their employees, agents, guests and anyone participating in this event through them. Vendor agrees to carry commercial general liability insurance with limits not less than \$1,000,000 per claim which will cover all aspects of Vendor's participation in this event, and will name CCAO/CEAO as an additional insured. A copy of the insurance certificate is required with your trade show application and payment.

Cancellation Policy: Refund will be issued less a \$75.00 administrative fee if cancelled before November 14, 2016; no refunds after that date. All cancellations must be made in writing. No shows will be billed.

****All exhibitors are subject to approval by CCAO/CEAO. You will receive a confirmation email of your approval.**

Authorizing Signature _____ Date _____

Please submit this application and payment to:

The Conference Account c/o CEO
6500 Busch Boulevard, Suite 100
Columbus, OH 43229

Questions?

Contact Jennifer Shuey, CEO Director of
Operations and Education at:
jshuey@ceao.org or 614-221-0707

CCAO/CEAO ANNUAL WINTER CONFERENCE
ADDITIONAL REPRESENTATIVES REGISTRATION FORM
December 4-6, 2016 | Trade Show December 4-5, 2016

Exhibitor Representatives: Two (2) representatives are included in your booth registration. Additional booth representatives may register for \$100 per person by completing the attached form. This includes Sunday evening reception/entertainment, Monday breakfast, Monday lunch, and Monday ice cream social break.

ORGANIZATION _____

ADDRESS _____

CONTACT PERSON _____ PE PS TITLE _____

PHONE _____ FAX _____ EMAIL _____

ADDITIONAL REPRESENTATIVES ATTENDING TRADE SHOW ARE:

Name _____

PE PS Title _____

Email _____

Number of additional exhibitor representatives: _____ x \$100 = \$ _____

Authorizing Signature _____ Date _____

Please submit this application and payment to:

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6500 Busch Boulevard, Suite 100
Columbus, OH 43229

Questions?

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