



# CCAO CEAO

2017 WINTER  
CONFERENCE  
DECEMBER 10-12, 2017 | FRANKLIN COUNTY



## DECEMBER 10-12, 2017 CCAO/CEAO Winter Conference

**Hyatt Regency Columbus & Greater Columbus  
Convention Center, Battelle Hall North**  
350-400 North High Street  
Columbus, OH 43215

### Sunday, December 10, 2017

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

### Monday, December 11, 2017

Trade Show Hours.....7:30 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)

**\*\*The George Fern Company** will contact you with  
the exhibitor kit including:

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

### Hotel Information

Conference Hotel is the Hyatt Regency Columbus  
350 N. High Street, Columbus, OH 43215  
Room rate: \$133 single/double/triple/quad  
Hyatt reservation cut-off date: November 17, 2017  
Online: <http://tinyurl.com/yawr3xu9>

### Exhibitor Benefits:

2 tickets for Sunday Reception/  
Entertainment tickets  
2 tickets for Monday Breakfast  
2 tickets for Monday Lunch  
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
- **Please note there is a floor load capacity limit in Battelle Hall. Call CEAO if you have questions.**

### Exhibit Booth Prices:

BEFORE 11/17..... \$750

AFTER 11/17.....\$850

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](http://www.ceao.org)

**CCAO/CEAO ANNUAL WINTER CONFERENCE**  
**TRADE SHOW REGISTRATION FORM**  
**December 10-12, 2017 | Trade Show December 10-11, 2017**

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): 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_ 3<sup>rd</sup> choice \_\_\_\_\_

**Cost:** ☐ \$750/Booth before 11/17 ☐ \$850/Booth after 11/17 **# 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 17, 2017; 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](mailto:jshuey@ceao.org) or 614-221-0707

**CCAO/CEAO ANNUAL WINTER CONFERENCE**  
**ADDITIONAL REPRESENTATIVES REGISTRATION FORM**  
**December 10-12, 2017 | Trade Show December 10-11, 2017**

**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 \_\_\_\_\_

Name \_\_\_\_\_

☐ PE ☐ PS Title \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

☐ PE ☐ PS Title \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

☐ PE ☐ PS Title \_\_\_\_\_

Email \_\_\_\_\_

**Number of additional exhibitor representatives:** \_\_\_\_\_ x \$100 = \$ \_\_\_\_\_

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please submit this application and payment to:**

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

**Questions?**

Contact Jennifer Shuey, CCAO Director of  
Operations and Education at:  
[jshuey@ceao.org](mailto:jshuey@ceao.org) or 614-221-0707