

Missouri Association of Nursing Home Administrators

# 2024 MANHA Winterfest

## Conference & Trade Show

### Exhibitor Brochure



**Inspiring  
Excellence  
with MANHA**



**February 14-16, 2024**

Holiday Inn Executive Center  
Columbia, MO

# MANHA Winterfest



## Valued Partners,

MANHA would like to invite you to our 2024 Winterfest Convention and Trade Show hosted at Holiday Inn Executive Center in Columbia, MO on February 14-16, 2024.

MANHA is an association *just for licensed administrators* meaning our Trade Show attendees are the decision makers you want to reach. And to make this Trade Show successful we need *you!*

MANHA appreciates the valuable role vendors and sponsors play in our association which is why we continue to find new and cost effective ways to connect you to our members. This trade show helps you join forces with administrators through 3 hours of exclusive trade show time, an evening reception, and several networking opportunities.

As always, we appreciate your support and cannot wait to work with you to bring our administrators another successful Winterfest.

Thank you!

Joe Shafer  
MANHA President

Tim Nye  
Convention Chair

Dottie Sharpe  
Executive Director

### **Basic Booth Fee:**

Members: \$800 Non-Members \$950

#### **This includes:**

- \* 3 hours of exclusive trade show time
- \* 8'x10' booth space
- \* 6' skirted table with 2 chairs
- \* One line, professionally printed sign
- \* Invitation to Wednesday night's reception
- \* Pre-convention registration list sent 2 weeks prior to show
- \* Post-convention registration list
- \* Access to the event app
- \* Networking Reception & Hospitality

This year we are offering administrators a chance to receive one CEU during the trade show. Vendors that choose to participate in the Passport need to send a one-page educational piece to MANHA for approval. MUST BE RECEIVED BY JANUARY 26th, 2024 to be eligible to participate!!

Please email Dottie Sharpe—[dotties@mlnha.org](mailto:dotties@mlnha.org)





# Exhibitor Registration form



Please type/print to complete the form and return to MANHA  
 By fax: (573)634-8590      By email: dotties@mlnha.org

## Exhibitor

Company Name: \_\_\_\_\_

*All printed material will include this spelling*

All booth packages includes 8'x10' booth space, 6' skirted table with 2 chairs and one professionally printed, one-lined sign.

		Order	Price
Basic Booth	One complimentary package, and an invitation to Wednesday night's reception will be included.	<input type="checkbox"/>	\$800/950
Silver Sponsor	Listing in program and signage reflecting your sponsorship level will be displayed near registration desk. Two complimentary lunches, and an invitation to Wednesday night's reception will be included.	<input type="checkbox"/>	\$1,500
Gold Sponsor	Priority booth choice by sponsorship level along with signage reflecting your sponsorship level will be displayed near registration desk. Two complimentary lunches, and an invitation to Wednesday night's reception will be included. Free CEUs for your representatives.	<input type="checkbox"/>	\$1,900
Platinum Sponsor	Priority booth choice by sponsorship level along with a half page colored ad in the program. A banner reflecting your sponsorship level will be displayed in the classroom and at your booth during exhibit times. An introduction at beginning of a session and an invitation to give a short presentation. Three complimentary lunches, and an invitation to Wednesday night's reception will be included. Free CEUs for your representatives.	<input type="checkbox"/>	\$2,500
Diamond Sponsor	Two booths with first choice of location along with a full page colored ad in the program. A banner reflecting your sponsorship level will be displayed in the classroom and at your booth during exhibit times. An introduction at beginning of a session and an invitation to give a short presentation. Four complimentary lunches, and an invitation to Wednesday night's reception will be included. Free CEUs for your representatives.	<input type="checkbox"/>	\$3,000
Lunch Sponsorship	Two lunches available. Includes Gold Sponsorship package	<input type="checkbox"/>	\$2,000
Cocktail Reception	Two available. Includes Diamond Sponsorship package	<input type="checkbox"/>	\$3,000
Breakfast Buffet	Includes Silver Sponsorship package	<input type="checkbox"/>	\$1,500

Total:

## Additional Sponsorships

Half Page Ad	Ad will be in color and must be submitted by January 12, 2024.	<input type="checkbox"/>	\$100
Full Page Ad	Ad will be in color and must be submitted by January 12, 2024.	<input type="checkbox"/>	\$175
Other: <input type="text"/>	Additional sponsorship options from page 4	<input type="checkbox"/>	<input type="text"/>
Breakfast/Lunch tickets:	Additional meal ticket per person/per day \$50 x _____	<input type="checkbox"/>	<input type="text"/>

Grand Total:

# Payment Information



Please type/print to complete the form and return to MANHA  
By fax: (573)634-8590 By email: [dotties@mlnha.org](mailto:dotties@mlnha.org)

Company Name: \_\_\_\_\_  
\_\_\_\_\_

**Company Contact:**

Name	Title	Address
Phone	Fax	
Email		

**Payment Method**

Credit Card—Please go to the following section

Check made payable to MANHA

Invoice emailed to: \_\_\_\_\_  
*Invoice must be paid prior to show*

**Credit Card**

Visa     Mastercard     Discover     American Express

**Credit Card**

Card Number	Exp. Date	
Name on Card	Security Code	
Billing Address		
City	State	Zip Code

**Cancellation**

Cancellations must be made in writing by January 19th, 2024 for a refund, minus a \$100 processing fee. Cancellations made after that date will not be entitled to a refund.

**Confirmations**

Confirmation and receipt will be sent out to the contact person listed above. Both should be sent out within 2 weeks of being submitted to our office.

# Additional information



Please type/print to complete the form and return to MANHA  
 By fax: (573)634-8590 By email: [dotties@mlnha.org](mailto:dotties@mlnha.org)

Company Name: \_\_\_\_\_  
 \_\_\_\_\_

## Company Category

- Dental       Education       Eye Care       Food Service  
 Hospice       Insurance       Labs/Imaging       Medical Supplies  
 Pharmacy       Rehabilitation       Staffing       Transportation  
 Wound Care       Other: \_\_\_\_\_

## Company Description

- Please use last years description for brochure, website, and event app       Will submit a new/updated company description by **January 10, 2024**.

## Booth Preference

Booth Preference: \_\_\_\_\_  
See Page 8 for floor plan

## Representatives Attending

Name:		Email:	
Job Title:		Address:	
Admin Lic:#			
Phone Number:			

Name:		Email:	
Job Title:		Address:	
Admin Lic:#			
Phone Number:			

Name:		Email:	
Job Title:		Address:	
Admin Lic:#			
Phone Number:			

Name:		Email:	
Job Title:		Address:	
Admin Lic:#			
Phone Number:			

# Expo Center

