

Invitation to Exhibit and Sponsor

Independent Nursing Home Association Annual Conference June 5th thru June 8th, 2022

Beau Rivage Casino and Resort
875 Beach Boulevard, Biloxi, MS
39530 (228) 386-7111

We invite you to join us! This year we are striving to get back to “normal” and our objective is still to create an environment that is “Exhibitor Friendly”. We hope to give you opportunities to network with our executive members, management staff members and potential customers.

Door prizes are welcomed!

Exhibitor Package & Cost: \$850

- Table with skirt and two chairs (additional items at vendor expense)
- Directory of all registered conference attendees and exhibitors
- Two days of conference networking, including evening networking reception and special networking event for 2 people (additional tickets may be purchased for \$100 each)

Sponsorship Package & Cost: \$1500 (break); \$3000 (partial breakfast or lunch); \$5000 (partial sponsor of exclusive networking event June 6th)

- All of exhibitor package included
- Prime exhibitor space assigned
- Signage recognition of specific sponsored events displayed in conference area
- Exhibitor package cost of \$800 waived

“Reflecting On Our Impact and Reigniting Our Passion”

Registration Form: Exhibitor Package \$850 Sponsorship \$1500
 Sponsorship \$3000 Sponsorship \$5000 Sponsorship Other: _____

For additional
information contact
Alicia Tice at (601)
528-3435 or

Agenda

***Exhibitor Setup: 6/5/22 –
3:00p.m. to 6:00p.m. or
6/6/22 – 6:00a.m. to
8:00a.m.***

***Exhibit hours: 6/6/22 –
8:00a.m. to 1:30p.m.
6/7/22 – 8:00am to 11:00am***

***Exhibit Tear Down: 6/7/22
11:00a.m.***

Exhibitor Networking

***Limited Reception: 6/5/22 -
5:00p.m.-7:00p.m.***

Networking Event: 6/6/22 –

Company: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Person(s) Attending: _____

Email of Contact Person: _____

Mail checks and registration form to: INHA, P.O. Box 787, Wiggins, MS 39577 or email this registration form to aliciatice@bticecpa.com.

Visa \$ _____ Mastercard \$ _____ American Express \$ _____

Card #: _____

Security Code: _____ Exp. Date: _____ Zip Code: _____

Card Billing Address: _____