



# AFTER THE CRISIS

*A Lasting Courage:  
Stories from the Frontlines*



**CMDA National Convention**  
April 29 - May 2, 2021

Ridgecrest Conference Center  
Ridgecrest, North Carolina

**Christian  
Medical & Dental  
Associations<sup>®</sup>**  
*Changing Hearts in Healthcare*

Register online at  
[www.cmda.org/nationalconvention](http://www.cmda.org/nationalconvention)

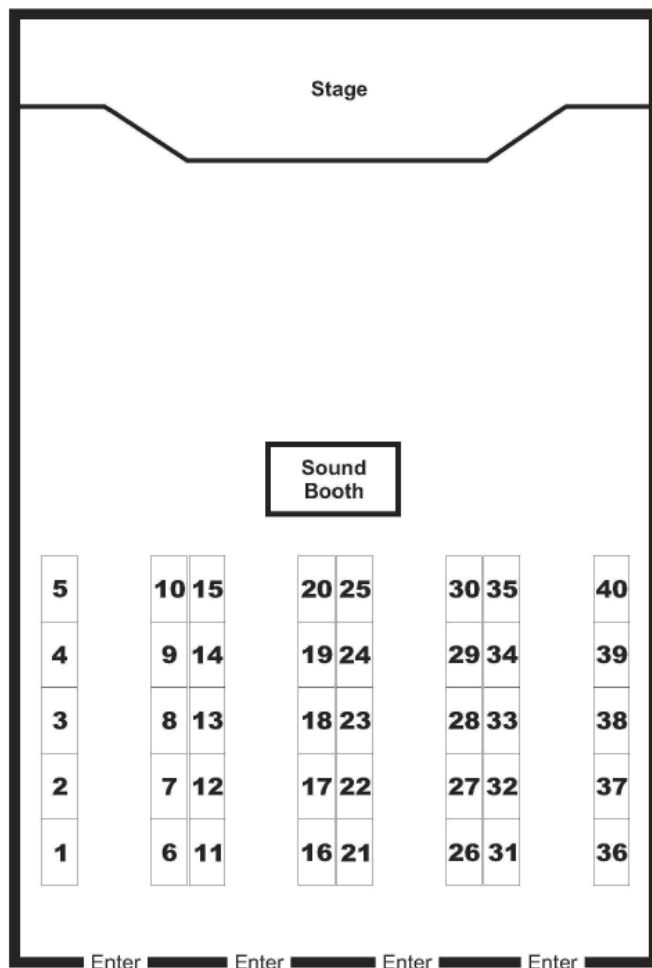
# Exhibitor Prospectus

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## EXHIBIT HALL LOCATION

### SPILMAN AUDITORIUM



## EXHIBIT HALL SCHEDULE

Exhibitors are free to set their own schedule as the hall will be open throughout the entire day. The hours listed below are dedicated times when attendees are encouraged to visit the Exhibit Hall.

Thursday, April 29	9 a.m. to 1 p.m. 1 p.m. to 7 p.m. 9 p.m. to 10 p.m.	Installation Exhibit Hall open during Conference Check-in Exhibit Hall open after plenary session
Friday, April 30	8 a.m. to 8:30 a.m. 9:30 a.m. to 10:15 a.m. 9 p.m. to 10 p.m.	Exhibit Hall open before devotions Coffee Break near Exhibit Hall Exhibit Hall open after plenary session
Saturday, May 1	8 a.m. to 8:30 a.m. 9:30 a.m. to 10:15 a.m. 8 p.m. to 9 p.m.	Exhibit Hall open before devotions Coffee Break near Exhibit Hall Exhibit Hall open after plenary session
Sunday, May 2	8 a.m. to 8:30 a.m. 10 a.m. to 10:30 a.m. 10:30 a.m. to 12 p.m.	Exhibit Hall open before worship service Last chance to meet with attendees Dismantle

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## SPONSORSHIP PACKAGE OPPORTUNITIES

<b>Gold Sponsor</b> - 5 available	\$2,500.00
Recognition in convention program, on website and during plenary sessions	
8' x 10' booth space with signage recognition	
Up to 6 complimentary conference registrations	
Full-page program ad	
Company logo on room key cards	
Selection of one food and beverage sponsorship:	
Welcome Reception - Thursday afternoon	
Coffee breaks - Friday and Saturday mornings	
Afternoon breaks - Friday and Saturday afternoons	
<b>Silver Sponsors</b> - 5 available	\$1,500.00
Recognition in convention program, on website and during plenary sessions	
8' x 10' booth space with signage recognition	
2 complimentary conference registrations	
Half-page program ad	
Selection of one attendee gift with company logo:	
(Examples)	
Welcome bag	
Note pad and pen set	
Badge lanyard/neck wallet	
Hand sanitizer	
<b>Bronze Sponsors</b> - 5 available	\$1,000.00
Recognition in convention program, on website and during plenary sessions	
8' x 10' booth space with signage recognition	
2 complimentary conference registrations	
Half-page program ad	

## BOOTH SPACE

The exhibit spaces are 8' x 10'. You must provide your own tabletop display or standing display, but standing displays should not exceed 8' in width.

### Fees

8' x 10' space for non-profit organizations	\$600.00 per space
8' x 10' space for for-profit organizations	\$900.00 per space

### Booth includes:

- One 7' table (24" wide) and two chairs
- Wastebasket
- Identification sign

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- Exhibitor's name and description listed in the convention program (both hardcopy and e-book)
- Exhibitor's name and description listed on the convention's website with a direct link to the organization's website (if provided)
- One brochure/pamphlet inserted in welcome bag (supplied by organization)
- Electrical service, if needed

## Available for additional fee

- Reduced convention registration fee for exhibitors – \$200 per person for up to (2) two booth representatives

## ADVERTISING OPPORTUNITIES

### Convention Program Ads

The convention program each attendee receives has an area for company advertisements in the back. These are color ads and may be purchased in 1/4, 1/2, or full-page sizes.

	Dimensions	Fee
1/4 page	4" x 5 1/4"	\$125.00
1/2 page (horizontal)	8 1/4" x 5 1/4"	\$200.00
Full page	8 1/4" x 10 3/4"	\$250.00

### Submission Requirements

Logos or artwork must be emailed and presented in a .JPG, .JPEG, .GIF, or .TIFF format. The material should be emailed to [melinda.mitchell@cmda.org](mailto:melinda.mitchell@cmda.org).

Due date: March 1, 2021

*Ministry Moments* - 4 available (Limit one per organization) \$500.00

At the beginning of each of the four morning plenary sessions, there is an opportunity to highlight a ministry using a three-minute video clip supplied by the ministry.

Due date: March 1, 2021

## APPLICATION DEADLINE

March 1, 2021



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## *Restrictions*

The conference coordinator reserves the right to restrict exhibits that become objectionable because of noise, method of operation, materials, or for any other reason, and also to prohibit or to evict any exhibit that, in the opinion of the conference coordinator, may detract from the general character of the conference as a whole. In the event of such a restriction or eviction, the conference will not be liable for any refunds or other exhibit expenses.

## *Sales*

Exhibitors are permitted to make sales in the exhibit area only. Obtaining the appropriate licenses and/or permits as required by law, collecting and remitting sales tax, and complying with any other legal business requirements are solely the responsibility of the exhibitors.

## *Security*

The conference is not providing security. Therefore, exhibitors are solely responsible for their own exhibit materials and should insure their exhibit against loss or damage from theft, accident, vandalism, fire or other causes.

## *Use of Space*

All demonstrations or other promotional activities must be confined within the limits of the exhibit space. There must be sufficient space remaining to contain conference attendees visiting the booth to participate in such activities. Exhibitors may not move any furniture without the prior consent of the conference coordinator.

Exhibitors shall not assign, sublease or share the allotted space without the knowledge and consent of the conference coordinator. Exhibited items are limited to goods manufactured or distributed by the exhibitor in its regular course of business. An organization not purchasing exhibit space will not be permitted to solicit business during the conference.

Interference with the light and/or space of other exhibitors is prohibited. The conference coordinator reserves the right to require an exhibitor to alter an exhibit on site. Necessary changes shall be made at the exhibitor's expense and are subject to the approval of the conference coordinator.

## *Cancellation Policy*

All cancellations must be made in writing by mail or email to the conference coordinator. If notification is received on or before March 1, 2021, all monies, less the non-refundable deposit of \$100, will be returned; however, no refunds will be made after this date. Failure to occupy exhibition space in no way releases the exhibitor from the obligation to pay for the full cost of the requested space. If said space is not occupied within one hour before the official opening session of the conference, the conference coordinator will have the right to use such space as it sees fit to eliminate a gap in the exhibition area. In the event of flood, fire, strikes, riots, civil commotion or other uncontrollable circumstances that render the exhibit area unfit or unavailable for use, all monies paid for exhibition space will be refunded.

## *Questions?*

Direct all questions and correspondence regarding exhibits to Melinda Mitchell at:

Christian Medical & Dental Associations  
P.O. Box 7500  
Bristol, TN 37621-7500

Direct phone: 423-844-1013  
melinda.mitchell@cnda.org

## **ENTIRE AGREEMENT**

This instrument contains the entire agreement between the parties hereto. Any verbal modifications of this instrument shall be of no force and effect.



# Exhibitor Application

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## PLEASE PRINT OR TYPE

### Contact to Whom Exhibit-Related Correspondence Should be Sent

Company Name \_\_\_\_\_ Website \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

Information for Program Listing        Same as above

Company Name \_\_\_\_\_ Website \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
Phone \_\_\_\_\_

### Booth Representatives

Name \_\_\_\_\_ City, State \_\_\_\_\_  
Attending conference sessions?     Yes     No    (If yes, add registration fee)  
Name \_\_\_\_\_ City, State \_\_\_\_\_  
Attending conference sessions?     Yes     No    (If yes, add registration fee)  
Name \_\_\_\_\_ City, State \_\_\_\_\_  
Attending conference sessions?     Yes     No    (If yes, add registration fee)

### Company Description

Please submit a 50-word description of your organization to be printed in the convention program.  
This may be emailed if you have it available electronically.

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### Agreement

The exhibitor agrees to abide by all regulations, terms and conditions set forth in the Exhibitor Prospectus.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Sponsorship Packages

Gold Sponsorship @ \$2,500.000 (check preferred option) \$ \_\_\_\_\_  
 Thursday p.m. Welcome Reception  Friday a.m. Coffee break  
 Friday p.m. Break  Saturday a.m. Coffee break  
 Saturday p.m. Break

Silver Sponsorship @ \$1,500.000 (check preferred option) \$ \_\_\_\_\_  
 Welcome Bag  Notepad and Pen  
 Badge Lanyard/Neck Wallet  Hand Sanitizer

Bronze Sponsorship @ \$1,500.000 \$ \_\_\_\_\_

Booth Reservation

Electrical Service needed  Yes  No

All space will be reserved on a first-come, first-served basis.

8' x 10' For-profit space \$900/space Quantity \_\_\_\_\_ \$ \_\_\_\_\_  
8' x 10' Not-for-profit space \$600/space Quantity \_\_\_\_\_ \$ \_\_\_\_\_  
CMDA Departments \$100/space Quantity \_\_\_\_\_ \$ \_\_\_\_\_  
Cost Center for internal charge \_\_\_\_\_

Program Advertising - Color Ads

1/4 Page @ \$125  1/2 Page @ \$200  Full Page @ \$250 \$ \_\_\_\_\_  
Email necessary artwork to melinda.mitchell@cmda.org by March 1, 2021.

Ministry Moments (max. one per organization):  \$500 \$ \_\_\_\_\_

Exhibitor Registration Fees

Conference Registration \$200/person Quantity \_\_\_\_\_ \$ \_\_\_\_\_  
(Limit two per organization - includes admission into all sessions)  
TOTAL \$ \_\_\_\_\_

Method and Payment Information

Payment made by check Amount \$ \_\_\_\_\_  
Make checks payable to Christian Medical & Dental Associations and mail to:  
Christian Medical & Dental Associations  
Attn: Melinda Mitchell  
P.O. Box 7500  
Bristol, TN 37621-7500

Payment made by credit card Amount \$ \_\_\_\_\_  
Select card type:  VISA  MasterCard  American Express  Discover

Name as printed on card: \_\_\_\_\_  
Billing address of card: \_\_\_\_\_  
Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_  
Signature: \_\_\_\_\_

Cancellation Fee

Cancellations and requests for refund must be submitted in writing to the Christian Medical & Dental Associations at the address above. Fees will be assessed as follows:  
Before or on March 1, 2021 - \$100.00  
After March 1, 2021 - No refund