SPONSORS & EXHIBITORS
REGISTRATION PACKET

2019 ISAHU
Medicare Summit

Wednesday, May 8, 2019
Held in conjunction with the PIA of Indiana’s Annual Convention
Thursday & Friday
May 9 & 10, 2019

8:00 am - 5:00 pm
Marriott Indianapolis East
7202 East 21st Street
Indianapolis, IN 46219

To register as an “Event Sponsor” or “Exhibitor”, please complete:
1. “Commitment Form” on page 5,
2. “Booth Information Form” on page 6,
3. “Registration Form(s)” (each attendee must complete a form) on page 7-8!
4. Return pages 5 & 6 forms to the Committee as soon as possible - but no later than April 15, 2019. This will reserve your event sponsorship or exhibitor booth space and will ensure that you will receive recognition in our early promotional materials.
5. Registration forms (page 7) for all complimentary ticket holders and company guests must be submitted by April 30, 2019.
6. Payments do not need to be submitted with the forms, but payment must be received by April 30, 2019 to guarantee your event sponsorship / exhibitor booth.

Questions? Rita Musser (260) 471-8232 or the Committee member who contacted you,
Please select the level of your choice. Complete and return your “Commitment Form” (page 5), the “Sponsors & Exhibitors Booth Information” (page 6), and the “Sponsors & Exhibitors Registration Form” (page 7) by mail or email to reserve your space as soon as possible - but no later than April 15, 2019. Payments do not need to be submitted with the forms, but payment MUST be received by to April 30, 2019.

**2019 ISAHU Medicare Summit**

**Sponsors - Exhibitors Levels & Benefits**

- **Premier Event Sponsor**
  - **Brokerage Level—$1,250**
    - 6’ Exhibitors Booth
    - 3 Complimentary tickets to the event
    - Signage on stage with company name & logo
    - “Welcome” presentation to group - Opening
    - Full page ad in the Program Book
    - Logo on marketing materials

- **Premier Event Sponsor**
  - **Carrier Level - $1,250**
    - 6’ Exhibitors Booth
    - 3 Complimentary tickets to the event
    - Signage on stage with company name & logo
    - “Welcome” presentation to group - Opening
    - Full page ad in the Program Book
    - Logo on marketing materials

- **Lunch Sponsor - $1,250**
  - 6’ Exhibitors Booth
  - 3 Complimentary tickets to the event
  - Digital signage during lunch
  - “Welcome” presentation to group— Lunch
  - Full page ad in the Program Book
  - Logo & 20 word “blip” in the Program Book

- **Continental Breakfast Sponsor**
  - $600
  - 6’ Exhibitors Booth
  - 2 Complimentary tickets to the event
  - Signage on Food Service Table
  - Logo & 20 word “blip” in the Program Book
  - Logo on marketing materials

- **Afternoon Break Sponsor**
  - $600
  - 6’ Exhibitors Booth
  - 2 Complimentary tickets to the event
  - Signage on Food Service Table
  - Logo & 20 word “blip” in the Program Book
  - Logo on marketing materials

- **Program Book Sponsor**
  - $600
  - 6’ Exhibitors Booth
  - 2 Complimentary tickets to the event
  - Half page ad in the Program Book
  - Logo & 20 word “blip” in the Program Book
  - Logo on marketing materials

- **Technology Sponsor**
  - $600
  - 6’ Exhibitors Booth
  - 2 Complimentary tickets to the event
  - Half page ad in the Program day
  - Logo & 20 word “blip” - Program Book
  - Logo on marketing materials

- **Event Bag Sponsor**
  - $600
  - 6’ Exhibitors Booth
  - 2 Complimentary tickets to the event
  - Your company’s bag distributed to attendees
  - Logo & 20 word “blip” in the Program Book
  - Logo on marketing materials

- **All Day Beverage Service Sponsor**
  - $600
  - 6’ Exhibitors Booth
  - 2 Complimentary tickets to the event
  - Signage on Beverage Table
  - Logo & 20 word “blip” in the Program Book
  - Logo on marketing materials

- **Event Bag Sponsor**
  - $600
  - 6’ Exhibitors Booth
  - 2 Complimentary tickets to the event
  - Your company’s bag distributed to attendees
  - Logo & 20 word “blip” in the Program Book
  - Logo on marketing materials

- **Nametag Sponsor**
  - $600
  - 6’ Exhibitors Booth
  - 2 Complimentary tickets to the event
  - Company logo on all nametags
  - Logo & 20 word “blip” in the Program Book
  - Logo on marketing materials

- **Technology Sponsor**
  - $600
  - 6’ Exhibitors Booth
  - 2 Complimentary tickets to the event
  - Half page ad in the Program day
  - Logo & 20 word “blip” - Program Book
  - Logo on marketing materials

- **Event Bag Sponsor**
  - $600
  - 6’ Exhibitors Booth
  - 2 Complimentary tickets to the event
  - Your company’s bag distributed to attendees
  - Logo & 20 word “blip” in the Program Book
  - Logo on marketing materials
2019 ISAHU Medicare Summit
Sponsors - Exhibitors Levels & Benefits

**General Exhibitors - $400**
- 6’ Exhibitors Booth
- 2 Complimentary tickets to the event
- Digital Loop throughout the day
- Logo & 20 word “blip” in the Program Book
- Logo on marketing materials

**Keynote Speaker Sponsors - $600**
- 6’ Exhibitors Booth
- 1 Complimentary ticket to the event
- Digital signage during the general session room
- Introduction of the Keynote Speaker
- Logo & 20 word “blip” in the Program Book
- Logo on marketing materials

**CE Breakout Session Sponsorships—$300**
- 6’ Exhibitors Booth
- 1 Complimentary ticket to the event
- Introduction of CE presenter (or panel)
- Signage in the CE Room during the breakout sessions
- Logo & 20 word “blip” in the Program Book
- Logo on marketing materials

SOLD Social Security Benefits (2 sessions)
SOLD Medicare & HSA’s (2 sessions)
SOLD LTC Alternative Options (2 sessions)
SOLD Medicare & Foreign Travel (2 sessions)
Pending Special Needs Plans (SNP) (2 sessions)
Pending Group Retiree Medical Products (2 sessions)
SOLD NAHU & Medicare Market (1 session—Panel Discussion)

Please call or email to confirm the availability of Event Sponsorships!
Sponsorships and Exhibitors spaces are going fast!
2019 ISAHU Medicare Summit

Sponsors & Exhibitors - General Information

Thank you for your support of the 2019 ISAHU Medicare Summit. The following general information is for sponsors & exhibitors regarding our events and the conference site. If you have any questions or concerns, please do not hesitate to contact:

**Medicare Summit Committee**
Rita Musser  
(260) 471-8232  
*Rita.musser@frontier.com*

**Marriott Indianapolis East**
Beth Barnhart - Senior Event Manager  
7202 East 21st Street  
Indianapolis, IN  46219  
barnhartb@indymarriotteast.com  
(317) 322-3716 x 1130

**SHIPPING BOOTH MATERIAL PRIOR TO THE EVENT:**

Due to the layout of the hotel, storage space is not available for display materials and/or show merchandise. Please notify the Senior Event Manager of the Marriott Indianapolis East if you have any materials that might need to be delivered to the hotel. Exhibitors are responsible for all arrangements and all expenses associated with the shipping of materials, exhibits, etc. to and from the hotel. If items are delivered prior to the event, storage rental fees and delivering fees will be imposed. Contact the Senior Event Manager for a list of charges.

To ensure proper delivery, the following information must be included on all packages delivered to the hotel:

- **Venue Name:** Marriott Indianapolis East
- **Venue Address:** 7202 East 21st Street
- **Venue City/State/Zip:** Indianapolis, IN  46219
- **Hold for:** (Name of Guest picking up packages)
- **Event Name:** ISAHU Medicare Summit
- **Event Date:** May 8, 2019

At the conclusion of the event, all related equipment, crates, trash, etc., must be removed from the premises by the end of the last day of the event. If any materials need to be shipped, they must be completely boxed with proper sealing/tape and labeled appropriately. The hotel will not be responsible for any items left on the property.

**SET UP / TEAR DOWN:**

- **Booth Set Up Times:** Tuesday, May 7, 2019  4 pm—6pm  
  Wednesday, May 8, 2019 from 6:30 am  -  7:00 am.  
  *(First vendor visit is scheduled for 7:15 am on May 8th.)*

- **Booth Tear Down:** After the closing program on May 8th. (Approximately 5:00 pm)
2019 ISAHU Medicare Summit

**SPONSORS & EXHIBITORS COMMITMENT FORM**  
(See full details on Sponsorship Levels & Benefits on pages 2 & 3.)

Please check the level of Sponsorship desired for your company:

<table>
<thead>
<tr>
<th>Level</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Sponsor - Carrier</td>
<td>$1,250</td>
</tr>
<tr>
<td>Event Sponsor – Brokerage</td>
<td>$1,250</td>
</tr>
<tr>
<td>Lunch Sponsor</td>
<td>$1,250</td>
</tr>
<tr>
<td>Breakfast Sponsor</td>
<td>$600</td>
</tr>
<tr>
<td>Noon Break Sponsor</td>
<td>$600</td>
</tr>
<tr>
<td>All Day Drink Sponsor</td>
<td>$600</td>
</tr>
<tr>
<td>Program Book Sponsor</td>
<td>$600</td>
</tr>
<tr>
<td>Event Bag Sponsor</td>
<td>$600</td>
</tr>
<tr>
<td>Technology Sponsor</td>
<td>$600</td>
</tr>
<tr>
<td>Name Tag Sponsor</td>
<td>$600</td>
</tr>
<tr>
<td>Exhibitor Booths (Multiple available)</td>
<td>$400</td>
</tr>
<tr>
<td>Morning Keynote Speaker (CE)</td>
<td>$600</td>
</tr>
<tr>
<td>Afternoon Keynote Speaker (CE)</td>
<td>$600</td>
</tr>
<tr>
<td>Social Security Benefits (CE)</td>
<td>$300 (2 sessions)</td>
</tr>
<tr>
<td>Medicare &amp; HSA’s (CE)</td>
<td>$300 (2 sessions)</td>
</tr>
<tr>
<td>LTC Alternative Options (CE)</td>
<td>$300 (2 sessions)</td>
</tr>
<tr>
<td>Medicare &amp; Foreign Travel (CE)</td>
<td>$300 (2 sessions)</td>
</tr>
<tr>
<td>Special Needs Plans (CE)</td>
<td>$300 (2 sessions)</td>
</tr>
<tr>
<td>Group Retiree Medical Products (CE)</td>
<td>$300 (2 sessions)</td>
</tr>
<tr>
<td>NAHU &amp; Medicare Market (no CE)</td>
<td>$300 (1 session)</td>
</tr>
</tbody>
</table>

**DEADLINES**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/15/19</td>
<td>Commitment Form, Booth Information Form, blip &amp; ad copy.</td>
</tr>
<tr>
<td>4/30/19</td>
<td>Registration forms for each person who will be using “Complimentary Tickets”.</td>
</tr>
<tr>
<td>4/30/19</td>
<td>Sponsorship &amp; Exhibitor fees are due.</td>
</tr>
</tbody>
</table>

Company Name:_________________________________________________________________

Company Mailing Address: ________________________________________________________

City: ________________________________ State: ________________ Zip: _________________

Phone: ______________________________ Fax: ______________________________________

Contact Person: ______________________ Email: _____________________________________

Contact person for logos and ads?

Contact Person: ______________________ Email: _____________________________________

Contact for booth setup and event attendance?

Contact Person: ______________________ Email: _____________________________________

Payments must be received before April 30, 2019.

_____ Check payment attached (Check # _________)

_____ Please send an Invoice to our Company Contact Person.

Submit completed forms & check payments to:

ISAHU Medicare Summit Committee

3330 Thames Drive, Fort Wayne, IN 46815

or email forms to: rita.musser@frontier.com
2019 ISAHU Medicare Summit

Please complete the following booth information. Submit completed forms to:
ISAHU Medicare Summit Committee, 3330 Thames Drive, Fort Wayne, IN 46815
or scan & email to: rita.musser@frontier.com
Questions? Call Rita Musser (260) 471-8232

Sponsors and Exhibitors Booth Information Form
(See Full Details on Sponsorship Levels and Benefits on Page 2 & 3)

Exhibit booth space is approximately 8’L x 6’D and will include a 6’x 30” skirted table and two chairs unless indicated below. Exhibitor set-up times for Tuesday, May 7, 2019 is 4 pm to 6 pm. On Wednesday, May 8, 2019, the setup time will be from 6:30 am to 7:00 am. Doors open at 7:15 am for the first booth visits.

1. Please answer the following questions so we may ensure your booth is placed appropriately for your needs. We cannot guarantee we will be able to accommodate special requests, but will do our best to meet your needs.

   • Will you need power at your booth?   ____ Yes   ____ No
   • Will you need a table for your booth?   ____ Yes   ____ No
   • Will you be bringing your own table covering?   ____ Yes   ____ No
   • Will you need “skirting” for your booth?   ____ Yes   ____ No

   Note: Oversized displays cannot be accommodated!

   No outside foods may be brought into the facility!

2. Company “Blip” for Convention Program Book (20 words or less):

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. Please submit your company logo (300 dpi minimum - .ai or .eps preferred) via email to info@isahu.org as soon as possible - but no later than April 15, 2019 - for inclusion in online, printed event & promotional materials.

   If your sponsorship level includes an advertisement in the Medicare Summit Program Book, please refer to page 2 for the size of your ad. Advertisements should be submitted to info@isahu.org in .pdf format.

   Information on pages 5 & 6 should be submitted as soon as possible to reserve your sponsorship space - but no later than April 15, 2019.
Sponsors & Exhibitors: To register employees who will be using your company’s “Complimentary Tickets”, please have each person complete a Registration Form below. Refer to pages 2 & 3 for the number of “Complimentary Tickets” you will receive at your sponsorship level. This form can also be used to register additional registrations that you wish to add. **You may have additional people at your booth, but any not covered by a “Complimentary Ticket” must pay the registration fee at the “member” rate.** All registration forms must be received by April 30, 2019.

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**Sponsor & Exhibitor Registration Form**

Name: (As it appears on your insurance license) ______________________________________

Company:  __________________________________________________________________

Street Address:  ______________________________________________________________

City, State, Zip Code: _________________________________________________________

Phone:  ______________________________      Fax:  _______________________________

Email Address:  _____________________________________________________________

Contact person and telephone number in case of an emergency:  
___________________________________________________________________________

Are you a NAHU Member?  ____     Chapter:  _______________________________

*Sponsors & Exhibitors are welcome to attend our Continuing Education courses.*

*If you need C.E. credits, you must sign into each class at the event and indicate your NPN number and licensing state below! NOTE: Our courses are only filed for Indiana CE credits.*

National Producer Number:  __________    State of Residence for License:  ___________

As stated above, you are welcome to join us for all sessions and CE programs. However, we realize that many sponsors and exhibitors use these times to do their own work. Please indicate below whether you anticipate that you will or will not to be in the sessions and CE programs, so that we can maximize our attendance numbers and space.

☐ Yes, I will be attending all sessions and CE programs.

☐ No, I will not be attending the sessions and CE programs.

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**Mail completed Commitment Forms, Booth Information Form, Registration Forms and checks to:**

ISAHU Medicare Summit Committee
3330 Thames Drive, Fort Wayne, IN   46815

or email forms to:  rita.musser@frontier.com