We welcome you to be a fundamental supporter of South Carolina’s leading physical therapy professional organization!

- Network with physical therapists, physical therapist assistants, and students.
- New for 2020! The Southern Regional Pro Bono Network Conference will be cohosted with the 2020 SCAPTA Annual Conference. Students from across the Southeast will be in attendance at the Friday Night Social and during the day on Saturday, March 21.
- Display your products and services.
- Space is limited and allocated on a first-come-first-served basis.
- Exhibitor, Advertising, and Sponsorship Opportunities are available NOW until full.

EXHIBITOR OPPORTUNITIES:
FRIDAY, MARCH 20 AND SATURDAY, MARCH 21, 2020:
DISPLAY IN THE EXHIBIT HALL $600
Exhibitors may choose to exhibit on Friday, Saturday or both days.
Open exhibit hall hours on Friday are from 11:00 am – 4:30 pm and Saturday from 8:45 am – 12:15 pm.
Benefits include:
- Attendance at any of SCAPTA’s Annual Conference events and educational sessions for 1 individual. 2nd representative may attend for an additional $100.
- One complimentary skirted 6’ table exhibit space and 2 chairs with free wifi.
- Participation in the Exhibit Hall and drawing for gifts on Saturday at the close of the expo.
- Attendance at the Friday night social event with conference attendees (including attendees from the Southeastern Regional Pro Bono Network Conference).
- Recognition on thank you signage. Company name and logo must be received by February 28, 2020.
- Your company logo with hyperlink to your website on the conference website.
- Use of electronic post-conference mailing list of registered conference attendees for onetime use upon request.**
- Recognition as a sponsor in conference promotional messages.
- Recognition as a Sponsor during the Membership Meeting.
WE LISTENED! Based on comments from past exhibitors and recruiters, the program schedule has been adjusted to address your recommendations and requests. Thus, the schedule:

- Maximizes time between you and participants
- Staggers schedules for attendees so there is little downtime for exhibitors
- Increases potential one-on-one connections
- Minimizes your time away from home and family
- Provides greater range of course topics and offerings, increasing the range of interests and skills of attendees
- Offers you the opportunity to attend classes and events at no or reduced cost
- Places you in one open exhibit area in a central location next to the courses

EXHIBITOR SCHEDULE:

**Friday, March 20**

10:00 am – 11:00 am  Exhibitor set-up
11:00 am – 4:30 pm  Exhibit Hall open (refreshments will be provided)
4:30 pm – 5:00 pm  Exhibitor break-down
6:30 pm – 8:30 pm  Friday night social event (details forthcoming) with conference attendees, members, therapists, chapter leaders

**Saturday, March 21**

7:00 am – 8:45 am  Exhibitor set-up (refreshments will be provided)
8:45 am – 12:15 pm  Exhibit Hall Open (refreshments will be provided)
12:15 pm – 1:00 pm  Exhibitor Drawing for Giveaways
12:15 pm – 1:00 pm  Exhibitor breakdown
1:00 pm – 1:45 pm  Lunch
1:45 pm – 2:45 pm  Keynote Lecture
2:45 pm – 5:00 pm  Membership Business Meeting (attendance optional, but must be selected in registration)
5:00 pm  Adjourn
Special Sponsorship Form
2020 SCAPTA Annual Conference
Medical University of South Carolina
March 20-21, 2020

Company Name: __________________________     Contact Name: ______________________
Address: _____________________________________________________________________
City/State/Zip: _________________________________________________________________
Phone: __________________________       E-Mail: _________________________________

Sponsorship Opportunities - $250 - $1,000 (Booth not Included)

_____ Friday Night Event - $3000 Full Sponsor, $1500 Co-Sponsor
_____ Saturday Lunch - $1,000
_____ Saturday Lunch- Students Only- $500
_____ Friday Lunch – $500
_____ Snack and Refreshment Table – Friday $250
_____ Snack and Refreshment Table - Saturday $250
_____ We would be happy to entertain any other sponsorship ideas that you may have.

Additional benefits include:

Prominent recognition on thank you signage onsite. Company name and logo must be received by February 28, 2020.

• Your company logo with hyperlink to your website on the conference website.
• One time use of electronic post-conference mailing list of registered conference attendees**.
• Recognition as a sponsor in conference promotional messages.
• Recognition as a Sponsor during the Membership Meeting.

Total Payment Enclosed: $ __________

Please Make Checks Payable To: South Carolina Physical Therapy Association
Please mail to: 2900 Delk Road, Suite 700, PMB 321, Marietta, GA 30067

Please call 803-400-6999 with credit card payment.
ACCEPTANCE: A confirmation email will be sent to confirm receipt of this document. A packet will be emailed to you approximately two weeks from the conference detailing arrangements to help you plan your arrival and departure. Acceptance is based upon availability. SCAPTA reserves the right to reject any application.

BADGES FOR EXHIBIT PERSONNEL: Two badges (one each) will be provided for on-site personnel (unless otherwise noted), and will be available at registration upon your arrival. The badges will serve as access tickets to all courses and events, and meals provided at the conference (you must select everything you plan to attend on the registration form).

CANCELLATION: Exhibit space cancellations must be made in writing. Cancellations received on or before February 28, 2020 will be refunded the fee less 50%.

EXHIBIT TABLE SPACE: SCAPTA will provide for one skirted table and two chairs. Exhibits must be contained within the space rented. Exhibit space is assigned in order of the date of payment.

FEES AND PAYMENT: Payment of fees must accompany a SCAPTA Conference Agreement and Registration Form. Please call the SCAPTA office at 803-400-6999 if paying by credit card. Full payment must be received before space and/or related benefits can be reserved. Email (jpg preferred) your company logo for your company recognition upon registering to info@scapta.org.

HOTEL RESERVATIONS: There are a limited number of rooms available at the SpringHill Suites Downtown/Riverview ($169/night, single/double occupancy). Use the following link to make your reservations: Book your group rate for South Carolina American Physical Therapy Association or call the hotel directly at (843) 571-1711 and ask for the SCAPTA rate. The deadline for making reservations at the discounted rates is February 18, 2020.

INSTALLATION, PARKING, AND REMOVAL OF EXHIBITS: Please refer to the conference schedule on the previous page for set up and break-down of exhibit table days and times. You are responsible for the delivery, setup, and removal of equipment and display material to and from the exhibit table area. Parking is included in registration for one vehicle if payment/registration is received by February 28, 2020.
PROMOTIONAL MATERIAL DISTRIBUTION: Advertising and promotion materials may be distributed from the exhibit table only. No materials may be placed on seats, attached to walls, ceilings, or woodwork in the conference facility, or left in public places or breakout rooms for distribution, unless previously approved by SCAPTA.

PROTECTION OF FACILITY PROPERTY: You will be held responsible for any damage done to the building by your or your employees and/or contractors. The use of tape, tacks, nails, screws, staples, or mastic on any wall surface, woodwork, floor, or window inside the facility is prohibited.

SECURITY: On-site staff of exhibit/recruiter table is optional. Exhibitor/Recruiter space is open to the public and will not be secured or monitored by SCAPTA. It is the exhibitor/recruiter’s responsibility to pack and remove all items of value prior to leaving the exhibit/recruiter table unattended.

LIABILITY AND INSURANCE: SCAPTA, APTA, their members, contractors, staff, the conference facility, the employees or representatives thereof, and other organizations and persons connected with this conference shall not be held responsible for any injury, loss, or damage that may occur to the company or employees of the company or their property from any cause whatsoever, prior to, during, or subsequent to the period covered by the contract. Exhibitors/recruiters should secure their own insurance to cover all contingencies. You agree to indemnify those listed above against any claims or such loss, damage, or injury. Upon signing this agreement, you expressly release the foregoing institutions, individuals, and committees from any and all claims of loss, damage or injury. This also includes the period of storage prior to and following the conference. Small articles of value should be property secured or removed for safekeeping prior to leaving the exhibit unattended. You assume entire responsibility and hereby agrees to protect, indemnify, defend, and save SCAPTA, APTA, the conference facilities, and its employees and agents harmless against all claims, losses, and damages to persons or property, governmental charges or fines, and attorney’s fees arising out of or caused by your installation, removal, maintenance, occupancy, or use of the exhibit/conference premises or a part thereof.

ADDITIONAL TERMS AND CONDITIONS required by the conference facility may apply and will be provided with your confirmation materials.

**Conference attendees have the option to opt-out of receiving electronic materials from conference recruiters and vendors.**
Reservation Form
2020 SCAPTA Annual Conference
March 20-21, 2020
Medical University of South Carolina, Charleston, SC
151 Rutledge Avenue, Charleston, SC 29403

Contact Name

Organization

Address

City _______________ State ___________ Zip ___________

Phone ___________________________ Email __________________________________________

Company web address: __________________________________________

1. Other Booth Personnel Name (as it should be listed on name badge):

__________________________________________

Contact information (if different from above. Please include email address(es):

__________________________________________

2. I need an electrical outlet: [ ] yes [ ] no

3. I wish to be an exhibitor for $600:
   [ ] Friday only   [ ] Saturday only   [ ] both Friday and Saturday

4. Included with my conference payment, I wish to make a one-time contribution of $_____ to the
   ☐ SCAPTA Legislative Defense Fund to help pay for costs associated with defending the
   PT Practice Act (no $$ limit)
   ☐ SCAPTA PAC to support contributions to legislators who support the profession
   ($3,500/year limit)

5. TOTAL AMOUNT TO BE CHARGED/ENCLOSED IS: $ _____________
If paying by credit card, please call 803-400-6999

☐ Check enclosed for _____________________ (payable to South Carolina Physical Therapy Association).

Please mail to: 2900 Delk Road, Suite 700, PMB 321, Marietta, GA 30067

☐ American Express  ☐ VISA  ☐ MasterCard  ☐ Discover

Name on Card: ____________________________________________________

POLICIES AND REGULATIONS: The exhibitor, recruiter, and/or sponsor agrees to observe all policies and regulations set forth in the SCAPTA 2020 Exhibitor and Sponsorship Prospectus and the Conference Agreement. For signage, the company name and logo must be received by no later than February 28, 2020 to accommodate printing and shipping schedules. The person whose authorized signature appears below has read and hereby agrees to the policies for exhibiting at the 2020 SCAPTA Annual Conference.

By signing this reservation form, you are stating that your company is not a physician-owned practice, as outlined by the APTA as follows:

APTA is opposed, as a matter of health care policy, to arrangements under which sources of referral (including physicians) stand to profit from referring patients for physical therapy. The policy, adopted by the APTA House of Delegates, states: “The American Physical Therapy Association opposes participation in services that is in any way linked to the financial gain of the referral source.” Because of this policy, APTA does not accept exhibit or sponsorship applications from companies whereas any physician has a financial interest in the practice and refers patients to an employed physical therapist or to a physical therapist who supervises an employed physical therapist assistant. SCAPTA also adheres to this same policy.

4. AUTHORIZED SIGNATURE __________________________ DATE__________

Return this form to:  South Carolina Chapter APTA, Email: info@scapta.org