



International Claim Association®
LEADING THE WAY IN CLAIM EXCELLENCE

**103rd
Annual Education
Conference**

Exhibitor Prospectus

**September 30 -
October 3, 2012**

**JW Marriott Orlando
Grande Lakes
Orlando, FL**

Register by December 31, 2011 to receive the Early Registration Discount!

The ICA invites you to showcase your services at the conference of the country's largest association of life, health and disability claim professionals. Normally over 300 would attend, representing more than 150 companies, but we expect this family friendly destination to attract even more.



For Greater Exhibitor Visibility, We Provide:

- **Exhibitor Reception** in Exhibit Hall on Sunday Evening
- **Continental Breakfast and Lunch** in Exhibit Hall
- **Prize Drawings** during Exhibit Hours

The Exhibitor Package includes:

- 8'x10' exhibit booth, piped and draped, with a skirted 6' table, two chairs, identification sign and wastebasket.
- Two (2) free conference registrations per booth, including attendance at all seminars, workshops, and social activities.
- Acknowledgement in registration materials.
- Individual listing in the conference program including a description of your organization, product or service.
- Half-page (4.25" wide x 3.75" high) advertising space in the conference program.
- Advanced Attendance List two weeks prior to the conference.
- Information to follow regarding Sunday golf tournament.

Exhibit Hall Schedule
(tentative)

Sunday, September 30, 2012

Booth Set-up 11:00AM – 4:00PM
Opening Reception 5:30PM – 6:30PM

Monday, October 1, 2012

Breakfast / Prize Drawing 7:00AM – 8:00AM
Lunch / Prize Drawing 11:45AM – 1:00PM

Tuesday, October 2, 2012

Breakfast / Prize Drawing 7:00AM – 8:00AM
Lunch / Prize Drawing 11:45AM – 1:00PM
Booth Tear Down 1:00PM – 3:00PM

Important Dates

Friday, August 17, 2012

Exhibitor Application and Sponsorship Reservation forms due.

Monday, August 20, 2012

Initial booth assignments. Payment due to ensure sponsorship reservation.

2012 Conference Hotel

JW Marriott Orlando Grande Lakes
 4040 Central Florida Parkway
 Orlando, Florida 32837
 Phone: 1-407-206-2300
 Toll-free: 1-800-576-5750

Confirmation/Assignment of Booth Space

Booth confirmation/decorating information will be sent upon receipt of registration and payment. Booth numbers will be assigned 45 days prior to the conference. Location of booth will be given on a first-come, first-served basis in order of receipt of registration and payment.

Exhibit Contractor

Official exhibit contractor materials will be mailed as early as August 2012.

Standards of Conduct

Content of the exhibits is subject to ICA approval. ICA reserves the right to refuse applications from concerns not meeting standards required or expected, as well as the right to curtail exhibits or parts of exhibits that are not consistent with the character of the conference. This rule applies to discount offers, display literature, advertising novelties, souvenirs, conduct of persons, etc. Subleasing of exhibit space and direct sales in Exhibit Hall are prohibited.

Canvassing or distributing advertising matter outside the exhibitor's own space is not permitted. Solicitation of business at the conference, except by registered exhibiting firms, is prohibited. It is strictly prohibited to publicize and/or maintain any extracurricular activities, inducements or demonstrations away from the exhibit hall during exhibit hours.

Liability

The exhibitor assumes the entire responsibility and liability of losses, damages and claims arising out of injury or damage to exhibitor's displays, equipment, and other property brought upon the premises of the hotel and shall indemnify and hold harmless the International Claim Association, its agents and employees, from any and all such losses, damages and claims.

While the Exhibit Hall will be closed and locked during non-exhibit hours, it is the exhibitor's responsibility to obtain insurance and to secure materials. The ICA and the Renaissance Austin Hotel do not guarantee or protect exhibitors against loss or damage of any kind.

Cancellations

Exhibit space cancelled on or before **August 17, 2012**, will receive a 75% refund of payment. Cancellations received after that date will not receive a refund. Exhibit space not claimed or occupied by 4:00 pm, Sunday, September 30, 2012, may be reassigned without refund.

For More Information

International Claim Association®
 1155 15th Street, NW, Suite 500
 Washington, DC 20005
 202.452.0143 • Fax 202.530.0659
 www.claim.org

- **Kevin Glasgow**, Exhibit Chair
 Kevin_Glasgow@swissre.com 914 828-8808
- **Chris Murphy**, Executive Director
 cmurphy@claim.org 202 452-0143
- **Darci Chuba**, Program Coordinator
 dchuba@claim.org 202 452-0143



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Exhibitor Application

JW Marriott Orlando Grande Lakes • Orlando, FL
September 30 - October 3, 2012

Deadline: August 17, 2012

**103rd
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Company/Organization: _____
(AS IT SHOULD BE LISTED ON CONFERENCE MATERIAL)

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail _____ Web Site _____

Contact Person (to receive all future exhibit correspondence and information)

Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail _____

Company Summary – Please provide a brief summary of your company/organization and the products that will be promoted. Use a separate page as needed. Summary will be printed in the conference program.

Exhibitor Fees – Each booth includes two (2) full conference registrations.

■ Number of Booths Requested _____	x \$2,200	= \$ _____
★ Register before Dec. 31, 2011 _____	x \$2,000	= \$ _____
■ Additional Booth Personnel _____	x \$200	= \$ _____
■ Spouse/Guest Registration _____	x \$200	= \$ _____
	TOTAL	= \$ _____

Booth Personnel

Full Conference Registrants (two per booth)

1. _____

2. _____

Name(s) of Additional Personnel _____

Names are not required at this time. All booth personnel will be confirmed prior to the conference.

Name(s) of Spouses/Guests _____

Payment Information

Total Amount Enclosed \$ _____

Method of Payment: Check Credit Card *(fill out below)*
 AmEx MC Visa

Credit Card Account #: _____ Exp. Date: _____

Cardholder (PRINT): _____

Cardholder's Billing Address: _____

Signature: _____ Date: _____

Referred by ICA Committee Member: _____

Booth Choice

■ Do not locate us near the following companies:

■ Do locate us near the following companies:

Please make checks payable to International Claim Association and mail form with payment to:

International Claim Association
1155 15th Street, NW, Suite 500
Washington, DC 20005
Phone: 202 452-0143
Fax: 202 530-0659

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