



Making the CONNECTION:

Support and Integration
in Treatment



November 12-14, 2017
Marina Inn at Grande Dunes
Myrtle Beach, SC

EXHIBIT HALL SCHEDULE:

Sunday, November 12

10:00 –11:00 am: Exhibitor Setup
11:00 am–2:00 pm: Registration
11:00 am–12:30 pm: Exhibits Open

Monday, November 13

7:30-8:50 am: Exhibits & Networking
10:30-10:45 am: Exhibits, Break
1:05-1:25pm: Exhibits and Dessert
3:00-3:15 pm: Exhibits, Break
5:00 pm: Exhibits Teardown

MEETING VENUE:

All sessions are scheduled at the Marina Inn at Grande Dunes, Myrtle Beach, SC. A block of rooms has been reserved for SCAADAC conference participants from November 11- 14, 2017. Conference participants will receive a special rate of \$106 plus taxes. This block is being held until Thursday, October 12. Reservations may be made by calling (843) 913-1333 and referencing SCAADAC.

Participation Levels

Breakfast Sponsor: \$1,500

Six months of banner ad space on the SCAADAC website, exhibit space, recognition in the conference program & complimentary conference registration for two representatives.

Lunch Sponsor: \$1,200

Six months of banner ad space on the SCAADAC website, exhibit space, recognition in the conference program & complimentary conference registration for one representative.

Beverage/ Snack Break Sponsor: \$700

30 days of banner ad space on the SCAADAC website, exhibit space, recognition in the conference program & complimentary conference registration for one representative.

Conference Exhibitor: \$400

Recognition in the conference program and complimentary conference registration for one representative.

Non-Profit Exhibitor: \$200

Recognition in the conference program and complimentary conference registration.

*Additional representatives may attend sessions at the member rate.
Complimentary registration is for booth representative only.*

SCAADAC 2017 Fall Conference: Sponsor/Exhibitor Application

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Company Phone Number: _____

Company Website: _____

Product/ Service: _____

Contact Name/Job Title: _____

Work/Mobile Number: _____

E-mail Address: _____

On-site Representative(s) /E-mail Address/Phone Number

1. _____

2. _____

Payment receipts and exhibitor updates will be sent via E-mail

**Deadline:
October 16, 2017**

Payment Information

Total: \$ _____

Credit Card: Visa MasterCard Amex

Credit Card Number: _____

Expiration: _____ Security Code: _____

Signature: _____

Cardholder Name: _____

Card Billing Address: _____

City: _____ State: _____ Zip Code: _____

Return this form with payment to:

SCAADAC • 1215 Anthony Avenue • Columbia, SC 29201 •

T: (803) 540-7527 • F: (803) 254- 3773 • Pay online at www.scaadac.org