

# Northeast Ohio Case Management Network (NEOCMN)

## 24<sup>th</sup> Annual Conference & Exhibit

**CENTRAL LOCATION!** Embassy Suites Cleveland Rockside  
5800 Rockside Woods Blvd.  
Independence, Ohio 44131

**ONE DAY ONLY!** April 27, 2018

**The smart exhibitor goes where the customers are!** Participation as an exhibitor at NEOCMN's Annual Conference and Exhibit personally introduces your cutting edge services and products to a broad range of health care professionals. Attendees from case management companies, insurance companies, third party administrators, hospitals, nursing homes, home care, hospice, state funded and regulatory agencies. Register as an exhibitor and be a part of this exciting networking opportunity!

### Exhibitor Benefits

Conference attendance offers exhibitors:

- One on one networking to boost your sales.
- Your company address and telephone number listed in the Exhibitor Directory (which is shared with the Northeast Ohio health care community).
- A copy of the participant attendance list.

### Exhibitor Cost

Early-Bird - Until 2/2/18 . . . \$375 \*  
After 2/2/18 . . . . . \$425

\* A maximum of 4 representatives per exhibit allowed.

### Deadlines - Register Early!

- 2/2/18** Last day to cancel. Cancellations MUST be received in writing. No refunds after 3/1/18.
- 3/1/18** Payment in full.

### Registration is Easy!

Complete the attached reservation form and submit it by 2/15/18 to be included in participant brochure.

**Full payment must be received by 3/1/18.**

A confirmation e-mail will be sent to e-mail on registration form when reservation form and deposit are received. Additional instruction will be sent 4 weeks prior to the conference.



### Our Mission Statement

*"Northeast Ohio Case Management Network promotes educational and networking opportunities for health care professionals involved in the practice of case management related activities."*

## NEOCMN Exhibitor Registration Form

(PLEASE PRINT)

NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

E-MAIL \_\_\_\_\_

### 1) Exhibitor - 1 Day, April 27, 2018

- 1-Day Exhibitor paid in full before 2/2/2018 \$375\*
- 1-Day Exhibitor paid in full after 2/2/2018 \$425\*

\* A maximum of 4 representatives per exhibit allowed.

### 2) Select Payment

- Full payment enclosed
- Charge my MasterCard / VISA / Discover / American Express / Diners Club

ACCOUNT NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ CVV2 \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

EMAIL RECEIPT TO: \_\_\_\_\_

CARDHOLDER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

### 3) Clip and mail to:

NEOCMN, PO Box 461044, Cleveland, OH 44146  
or FAX to 330-468-1014

### Questions? Contact:

www.neocmn.org  
(800) 363-6266  
oneil397@windstream.net  
NEOCMN's Tax Id Number is 34-1760574.