2023

LCA

Conference

Exhibitors

&

Sponsor

Prospectus

October 8-10, 2023 Baton Rouge, LA Crowne Plaza Hotel



OVERVIEW

**2023 Louisiana Counseling Association Annual Conference**  **HELP, HEAL, HONOR October 8-10, 2023 Baton Rouge, Louisiana Crowne Plaza Hotel**

The Louisiana Counseling Association (LCA), a Branch of the American Counseling Association, is a professional association representing the many mental health professionals in the various work settings including LPCs, LMFTs, School Counselors, College Counselors, Career Counselors, military, religious and multicultural counselors.

**The Conference:**

* Three (3) day annual event.
* The premier mental health conference in Louisiana.
* Conference attracts all mental health professionals in Louisiana.
* Sponsors have Opportunity to promote your organization to over 2300 mental professionals year-round.
* Up to 25 exhibit spaces to meet and greet the 1000 to 1200 attendees in person.

**Who Sponsors and Exhibits?**

* Academic and Educational Institutes
* Government Agencies
* Long-term Care Organizations
* Mental health Care Providers and Services
* Nonprofit Organizations
* Professional Services

**Benefits to Exhibiting and Sponsoring**

* Interact with mental health professionals face-to-face to increase your organizations brand awareness.
* A variety of outreach opportunities, including sponsorship levels to suit your goals and budget, a exhibit forum, an electronic program brochure and app advertisement, and conference bag inserts.
* A conference faculty that includes nationally known presenters and leading professionals in Louisiana,
* Between 1000-1200 participants are expected to attend

Exhibitor & Sponsorship Packages

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Gold$3000 | Silver$2000 | Bronze$1500 | Hospitality$1000 | Exhibitor$450 |
| Recognition on the website, the Community Bulletin Board, and the conference App; | \*\*\*\* | \*\*\*\* |  |  |  |
| Recognition on the webpage |  |  | \*\*\*\* | \*\*\*\* | \*\*\*\* |
| Recognition on the conference home page banner. | \*\*\*\* | \*\*\*\* | \*\*\*\* |  |  |
| Complimentary Conference Registration \* | 3 | 2 | 1 |   |   |
| Opportunity to include promotional material in the Conference bags | \*\*\*\* | \*\*\*\* | \*\*\*\* |  |  |
| Complimentary Tickets to the LCA Luncheon | 3 | 2 | 1 |  |  |
| Sponsorship acknowledgement during continental breakfast and refreshment breaks. |  |  |  | \*\*\*\* |  |
| Email blast to full membership acknowledging conference sponsorship | \*\*\*\* | \*\*\*\* | \*\*\*\* |  |  |
| Name on Signage placed throughout the conference area | \*\*\*\* | \*\*\*\* | \*\*\*\* |  |  |
| Advertisement in newsletter\* | \*\*\*\*Full page | \*\*\*\*Half page | \*\*\*\*Quarter page |  |  |
| Recognition in the newsletter |  |  |  | \*\*\*\* | \*\*\*\* |
| Exhibit Table | AtriumSpace  | Atrium Space | Exhibit Hall | Exhibit Hall | ExhititHall |

* Names of participants to receive the complimentary registrations should be emailed to lca\_austin@bellsouth.net no later than 9/1/2023
* Ads for the newsletter should be emailed to lca\_austin@bellsouth.net no later than 9/1/2023

Full page 7.5 x 10; ½ page 7.5 x 4 15/16 (h); ¼ page 3 11/16 x4 15/16

* Be sure to include organization web page link on application.
* Information concerning the hotel block may be found <https://www.lacounseling.org/lca/Hotel_Information.asp>
* To make your reservation by calling [(225) 925-2244](https://www.google.com/search?q=baton+rouge+crowne+plaza&rlz=1C1GGRV_enUS751US751&oq=baton++rouge+crowne+plaza&aqs=chrome..69i57.8741j0j7&sourceid=chrome&ie=UTF-8) and using the Group Code LCA

**Exhibitor & Sponsorship Contract**

**2023 LCA Annual Conference October 8-10, 2023 Baton Rouge LA**

**I hereby agree to become a Sponsor /Exhibitor of the 2023 LCA Conference at the following level:**

 \_\_\_ Gold Sponsor $3,000 \_\_\_Silver Sponsor $2,000 \_\_\_Bronze Sponsorship $1,500 \_\_\_ Hospitality $1,000 \_\_\_\_\_Exhibitor $450

I understand I will receive a confirmation receipt of acceptance and payment by email within seven (7) days of the receipt of this signed contract.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Authorized Representative Date

**Sponsorship/Exhibitor Information**

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street city: State zip

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contacts** Please indicate the primary conference contact person and the individuals who will man your booth (the exhibit booth will consist of a table and two chairs):

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exhibit Space Staff:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exhibit Space Staff:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your exhibit space staff wants a conference badge, names must be confirmed by 9/1/2023.

If you need electricity, contact Leslie Allemanlalleman@executivecenterbr.com 225-925-2244

**Payment:**

Business check or credit cards are accepted. VISA, MASTERCARD, DISCOVER, AM. EXPRESS For a credit card payment, please complete the following:

Credit Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Authorization Code: \_\_\_\_\_\_ Zip Code for the bill:\_\_\_\_\_\_\_\_\_

Signature of the Cardholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_