



Exhibitor Registration Form

2024 CAMES Annual Meeting/Conference and NEW this year -> A Welcome Social

Welcome Social: Tuesday, September 24, 2024, 4:30pm - 7:00pm
ViewHouse 7101 South Clinton St. Centennial, CO 80112

Conference: Wednesday, September 25, 2024, 8:30am – 4:00pm
PPA Event Center 2105 Decatur Street Denver, CO 80211

You are cordially invited to join us for the upcoming Colorado Association for Medical Equipment Services Annual Meeting/Conference and NEW this year, Welcome Social. The homecare industry has been instrumental in servicing our communities over the years and we couldn't have done it without our vendor partners! Please join us for an interactive and informative evening and day with the leading homecare providers in our state.

The exhibit hall will open at 7:30am for set-up. There will be a vendor introduction to all attendees at 12:15pm followed by exclusive time with participants from 12:30pm – 1:30pm. CAMES will coordinate activities and prizes to ensure you have quality time with these business leaders. If you are unable to attend please consider donating a gift card or sponsoring a meal, indicate that on the registration form. We will ensure your company receives recognition at the event.

The exhibit fee is \$500 which includes: 1 booth space with an 8ft table and tablecloth; the option to attend any of the conference sessions, and two lunches. If you have electrical needs, please let us know so we can accommodate. Exhibitor space is limited. Please register by September 1, 2024.

Past exhibitors all agree that CAMES gives you the best value for your time and dollar at this intimate and engaging conference. WE LOOK FORWARD TO SEEING YOU!

If you have any questions, please don't hesitate to contact our Executive Director, Cindy at 303-358-4485



Annual Conference & Welcome Social Event
September 24th & 25th 2024

PPA Event Center
2105 Decatur Street
Denver, CO 80211



EXHIBITOR REGISTRATION FORM

Company Name _____
Mailing Address _____
People Attending _____ Titles _____
E-mail Address _____ Phone _____

Exhibitor Booth \$500.00 \$ _____
Includes 1 - 8 ft. table, tablecloth and 2 lunches
Number of additional company attendees _____
Lunch \$25 each \$ _____
Electrical Outlet Required? _____
****IF YOU ARE NOT ABLE TO ATTEND, PLEASE
CONSIDER SPONSORING ONE OF THE FOLLOWING****
I will donate a gift card (type & amount) _____
I will sponsor a meal (\$500) _____
TOTAL DUE \$ _____

PAYMENT METHOD (Payment in full must be received prior to set up on September 25th)

Check enclosed made payable to CAMES in the amount of \$ _____

Charge my: MasterCard Visa American Express

I authorize CAMES to bill my credit card in the amount of \$ _____

Credit Card Number _____

Expiration Date _____ Security CODE (3 digit code) _____

Name on Card _____ Signature of Cardholder _____

Card Billing Address _____ City _____ Zip _____

Please complete this form and email or mail with payment to:
Email: clink@aponte-busam.com, or mail to
CAMES Attn: Cindy Link 110 16th Street, Suite 1400 Denver, CO 80202,