



Dear Sir,

The North Carolina Association for Hospital Central Service Professionals (NCAHCSP) will hold its annual seminar on September 27 – 29, 2024 at the Courtyard Carolina Beach Oceanfront located in Carolina Beach, N.C. The address is 100 Charlotte Avenue, Carolina Beach, N.C. 28428. The NCAHCSP is a non-profit organization. This meeting will include an exhibit feature on Saturday September 28, 2024, directed toward technology, products, supplies, and equipment used in routine patient care, either directly prior to or after assembly by Central Service. Please see the attached form for the tiers, benefits included in each tier, cost of each tier, and availabilities. Tier 1 has limited spaces and all have been filled. We have **Tier 2 availability**. The exhibit will be open 2 hours, September 28, 1:30 – 3:30 p.m. with no educational presentation conducted during that time. Donations are greatly appreciated and gratefully acknowledged.

For more information, please contact Stacie Patterson at 704-902-8092 or by email at spatterson.ncahcsp@gmail.com.

I am confident this will be of interest to you and your company. Your participation will be rewarding for company personnel and most certainly for the hospital professionals in attendance. Should there be any further questions concerning this seminar, or if I can be of assistance, please feel free to call.

Sincerely,

Stacie Patterson

Stacie Patterson
2020-2023 NCAHCSP Past President & Treasurer
(704) 902-8092
Spatterson.ncahcsp@gmail.com

Tier 1	Tier 2
<ul style="list-style-type: none"> Table (6' X 30") at the Vendor Exhibit on Monday (2 chairs and table cloth included) Lunch for 2 at Awards luncheon on Monday Recognition on NCAHCSP website Current year membership for one person Bag filler – Vendor may provide flier Verbal recognition of speaker sponsorship during introduction of sponsored speaker One complimentary set of annual attendees contact information upon request after annual meeting 	<ul style="list-style-type: none"> Table (6' X 30") at the Vendor Exhibit on Monday (2 chairs and table cloth included) Lunch for 2 at Awards luncheon on Monday Recognition on NCAHCSP website Current year membership for one person Bag filler – Vendor may provide flier One complimentary set of annual attendees contact information upon request after annual meeting
Limited slots – <u>All are filled</u>	<u>Unlimited slots AVAILABLE</u>
\$250.00 plus provide approved speaker covering all costs associated with speaker	\$650.00
Additional table (6' X 30") \$150.00 in addition to Tier 1 sponsorship <i>(2 chairs and table cloth included)</i>	Additional table (6' X 30") \$150.00 in addition to Tier 2 sponsorship <i>(2 chairs and table cloth included)</i>
<p>Additional Sponsorship opportunities</p> <ul style="list-style-type: none"> T- shirt (will include company logo) \$750.00 Bags (will include company logo) \$600.00 Break sponsorship (will include sponsorship sign for break) \$500.00 	

**Hotel Booking Information for 2024 NCAHCSP Annual Meeting
Courtyard Carolina Beach Oceanfront at Carolina Beach**

Discounted hotel rate for NCAHCSP block of rooms: \$195 USD per night plus taxes
Nights available at this price:

Friday September 27, 2024, and Saturday September 28, 2024

Last day to book rooms at discounted rate: **August 26, 2024**

2 ways to book rooms:

Call Hotel #910-458-2030 – group code ACHN (use to get discount)

or

[Book your group rate for NCAHCSP 2024 Meeting](#)

REGISTRATION FORM FOR THE 2024 NCAHCSP VENDOR EXHIBITION

**Courtyard Carolina Beach Oceanfront
Carolina Beach, N.C. 28428
September 28, 2024**

Mail to: NCAHCSP
c/o Stacie Patterson, MSN-NA
135 York Farm Lane
Harmony, NC 28634
Spatterson.ncahcsp@gmail.com



Vendor Fee: Check which tier

Tier 1 \$250.00 plus speaker provided *Tier 2 \$650.00* *Additional table \$150.00*

If paying by check:

Please make checks payable to
NCAHCSP and mail to the address above.

If paying by credit card:

Contact Stacie Patterson @ 704-902-8092, with
name on card
card number
expiration date
CVV number
billing zip code
E-mail address for receipt.

Name of Company: _____

Name of person for membership: _____

Address: _____

City: State & Zip: _____

E-Mail Address: _____

(Confirmation will be sent via E-Mail only)

We will need an electrical connection for our booth. Yes No

Sales Representative (s) who will attend: _____

Sponsor / Donations: _____

Note: Cancellations less than 30 days prior to the exhibit will be subject to a 50% cancellation fee.