

Arkansas Council for Behavioral Health

presents

The 49th Annual Behavioral Health Institute

Little Rock Marriott | Little Rock, Arkansas

August 7-9, 2023



**the
Gathering**



Arkansas Council for Behavioral Health

Call for Exhibitors

Market

The **49th Annual Behavioral Health Institute** is an annual event bringing together over 500 mental health providers, and policy makers from Arkansas and surrounding states. The Institute is the mid-south's largest behavioral healthcare forum. Participants will gather to share the latest information pertaining to behavioral healthcare delivery to become informed about new treatment and service management technologies, and to enhance skills for effective diagnostic and treatment interventions.

Facilities & Schedules

Reservations for sleeping rooms are to be made directly with Marriott Little Rock by calling 833-307-1229 before July 12th. Attendees must identify themselves as being part of the **Arkansas Behavioral Health Institute** in order to receive the reduced rate. Also, reservations can be made on-line with **Marriott Little Rock** [here](#). Hotel reservations should be made by the exhibitors directly with the hotel.

Installation of Exhibits	6:00 pm - 8:00 pm	Sunday, August 6, 2023
Display of Exhibits	7:00 am - 5:00 pm	Monday, August 7, 2023
Exhibitor Reception	5:00 pm - 6:00 pm	Monday, August 7, 2023
Display of Exhibits	7:00 am - 3:30 pm	Tuesday, August 8, 2023
Dismantling of Exhibits	3:30 pm - 5:00 pm	Wednesday, August 9, 2023

When to Submit Contract

Exhibit contracts are due on or before **July 12, 2023** if you wish to be included in the Final Institute Program publication. We will continue to accept contracts and offer space, if available, until Sunday, August 6th at noon.

What to Submit with Contract

- Signed copy of the contract
- Description (50 words or less) of your organization or services for printing in the final program
- Check made payable to the **Arkansas Council for Behavioral Health**, or submit credit card payment forms

Where to Submit Contract

Arkansas Council for Behavioral Health
3601 Richards Rd. North Little Rock, AR 72117
Phone: 501.372.7062

E-mail: joel@arcouncil.org
Website: www.arcouncil.org

Who to Call for Questions or Concerns

Joel Landreneau, Executive Director	joel@arcouncil.org	501.372.7062
Colette Young, Administrative Assistant	colette@arcouncil.org	501.372.7062

CONTRACT FOR EXHIBITOR SPACE

Exhibitors' Space

The Contract for Exhibit Space constitutes a contract for the right to use the space allotted. In the event of fire, strikes, or other uncontrollable circumstances, this contract will not be binding.

Use of Space

All demonstrations and/or sales activities must be confined to the limits of the exhibit booth. No exhibitor shall assign, sublet, or share the whole or any part of the space allotted without the knowledge or consent of the Arkansas Council for Behavioral Health. Aisles must be kept clear. To this end, exhibits should be so arranged so that sales personnel can be inside the rented space.

Exhibit Space

Each exhibitor is furnished a 6'x10' booth space with one draped table and two chairs or a 6'x20' booth space with two draped tables and four chairs. The exhibitor expressly agrees not to dismantle their exhibit or do any packing before the final closing of the exhibit hall on Wednesday, August 9, 2023 at 3:30 p.m. ***There are additional charges for electrical hookups and internet service and this should be arranged through Jerry Miller, jerry.miller@encoreglobal.com.***

Liability

The exhibitor understands and agrees that the **Arkansas Council for Behavioral Health**, their offices, agents, or employees shall not in any manner be responsible for the loss or damage to any goods, wares, chattels, or equipment exhibited upon the allotted space or placed thereon, or while in transit to or from the building. The exhibit and all personal property situated upon allotted space remains thereon at the sole risk of the exhibitor.

Fire Protection

Exhibitors shall exercise maximum care in the prevention of fire and to avoid loss of valuable properties. Exhibitors must conform to state and/or city fire prevention codes.

Insurance

Exhibitors wishing to insure their goods must do so at their own expense.

Exhibit Fee

Unless special arrangements have been made with Arkansas Council for Behavioral Health, the exhibitor fee is due when the "Contract for Exhibit Space" is submitted. Contracts and fees are to be submitted prior to the **July 12, 2023** deadline in order for the product/service description to be included in the Institute Program.

Advertising

Deadline for the receipt of the description to be printed in the Institute Program printing is July 12, 2023. Material may be mailed, e-mailed or faxed.

Shipping and Other Services

Please do not ship any materials to the Marriott-Little Rock. If you need to ship materials in advance or have items returned, or need other event rentals and services, please contact **Sunbelt Convention Services (501) 244.9955**.

Exhibitor Name (as it will appear on printed materials)

Booth Size: _____6'X10' at \$600 OR _____6'X20' at \$800

Exhibitor Representative Signature

Date

One person from your organization will receive a **conference scholarship** with your paid exhibit fee. The Exhibitor Scholarship badge for your company/agency will be at the Exhibitor Registration table. This badge will admit any one person at a time to conference workshops. In addition, we will prepare two Exhibitor name badges that will permit entrance into the **Exhibit Hall only**. Please enter the names for the Exhibitor name badges below:

- 1. _____
- 2. _____

Contact Person & Title _____

Mailing Address _____

City, State, & Zip _____

Phone: _____

E-mail: _____

Awards Luncheon will be held on Tuesday, August 8, 2023, at noon. PLEASE register here with number attending luncheon so we have an accurate account:

_____ **1**

_____ **2**

Please attach a 50 word or less description of your organization as you would like to see it appear in the final program booklet.



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Exhibitors

Credit Card Payment Information

Type of Card:

VISA AMEX DISCOVER MASTER CARD

Card Number:

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Expiration Date:

CV Code

____/____

Cardholder's Name (Exactly as it appears on card):

Size of Booth:

6 x10 6 x20

Authorized Amount

\$_____

Company Name:

Cardholder's Signature:
