



**CONNECTICUT POLICE CHIEFS ASSOCIATION**  
 365 Silas Deane Highway-Suite 1A, Wethersfield, Connecticut 06109  
 (860) 324-5726 Fax: (860) 436-6054 URL: www.cpcanet.org

**Connecticut Police Chiefs Association  
 2023 Fall Meeting Mini-EXPO Application**



The Connecticut Police Chiefs Association invites you to participate in the Mini-EXPO at the Fall Meeting on Tuesday, September 19, 2023, 8:00 a.m. to 2:00 p.m. at Sheraton Hartford South, Rocky Hill. The Fall Meeting is one of CPCA's largest quarterly meetings with over 225 attendees. Our program will also feature the presentation of the 2023 Valor Awards.

**Sponsorship Opportunities**

Premier Sponsorship of Meeting/Training	\$5,000 (Call for details)
Coffee Break Sponsor	\$1,500 (Call for details)

**Exhibit Opportunities**

Table - Member	\$650
Table - Non Member	\$750
Outside Space	\$300 ( must also have one inside table)
Exhibit space includes: Skirted table - 2 Chairs - Two lunch tickets (Morning Coffee Break/Plated Lunch)	

☞ **First come first serve, don't miss a great opportunity to showcase your products and services.** ☞  
 ☞ **Please complete the application and return it to CPCA by **September 5, 2023.**** ☞

**Menu**

Meal choices	Luncheon: Cheese Ravioli with roasted tomato broth <b>OR</b> Chicken Marsala with wild mushrooms/wine sauce, <b>OR</b> Braised Short Ribs
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Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Street: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Nature of Exhibit: \_\_\_\_\_

Exhibitor names (**print** names as you would like them printed on the badge):

Name: \_\_\_\_\_ Meal Choice: \_\_\_\_\_

Name: \_\_\_\_\_ Meal Choice: \_\_\_\_\_

Additional Names: \_\_\_\_\_ / \_\_\_\_\_

Exhibit Option: \_\_\_ Table: \$650 (Member) \_\_\_ Table: \$750 (Non-Member) \_\_\_ \$300 Outside Space (table inside required)

\_\_\_ Additional Staff Lunch Tickets: \$65 **Total Amount Enclosed \$** \_\_\_\_\_ Check payable to **CPCA**

Payment Type: Check: \_\_\_ Check#: \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ AMEX: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address for Receipt: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Return with payment to:  
**CPCA**, 365 Silas Deane Highway-Suite 1A, Wethersfield, CT 06109  
 Phone (860) 757-3909 | Fax (860) 436-6054 | E-mail: [mpayandeh@cpcanet.org](mailto:mpayandeh@cpcanet.org)