



Spring Seminar



March 21-22, 2026

Venue: Crowne Plaza Knoxville

2026 Spring Seminar Exhibitor Prospectus

Venue: [Crowne Plaza Knoxville](#)

401 W. Summit Hill Dr. SW, Knoxville, TN 37902
(865) 522-2600

SPRING SEMINAR EXHIBIT DATE/TIME *(Eastern time)*

Saturday, Mar. 21..... 7:15am—5:00pm

NOTE: Many of you have communicated you would prefer a one-day engagement at regional events. To accommodate your travel needs and to allow the TCA to maintain our longstanding affordable price structure for these events, exhibit space opportunities will be only on Saturday.

SET-UP/TEARDOWN

Saturday, Mar. 21 (set-up).....6:30am—7:15am

Saturday, Mar. 21 (teardown).....5:00pm—

EXHIBITOR INFORMATION

Tabletop Exhibit Includes:

- One 6'x 2.5' draped table
- Chair and wastebasket
- Name badges for one exhibit staff person
- Printout of doctor seminar registrants
(name, address, phone)

Please Note: Security is not provided at this venue.

SPONSORSHIP OPPORTUNITIES

(choose your option on page 2 of registration prospectus)

Saturday Seminar Break Sponsor—\$250.00

(Exhibit registration not required)

- **2 minutes to speak to general session**
- Recognition on signage as break sponsor
- Recognition in on-site announcements

EXHIBIT REQUIREMENTS

Single Tabletop Exhibit

All exhibits will be tabletop only and **must be contained upon the tabletop provided**. Or, if table is waived, must be contained within the of the allotted space. Please inform the TCA of your intent to waive your table in the "Special Needs Required" section of the contract. *(If any portion of exhibit extends outside exhibit area, exhibitor may be charged for additional space.)*

Please be aware that photographs will be taken throughout this event for use in future TCA approved publications, promotions, presentations and/or any other media formats.

Look for our other exhibiting opportunities on our website: www.TNChiro.com



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CONTRACT FOR EXHIBIT TABLE-TOP SPACE

Please Type or Print Legibly

Company Name: _____ **(as it should be listed)**
Contact Person: _____ E-mail: _____
Mailing Address: _____
City/State/Zip: _____
Phone: _____ Toll-free: _____ Fax: _____
Products/Services to be exhibited: _____

Up to two complimentary badges are provided with each single exhibit table-top space. Please list the name(s) and title of the individuals who will staff your exhibit as you wish them to read on the name badges.

Name: _____ Title: _____

Name: _____ Title: _____

EXHIBIT PAYMENT INFORMATION

Space reserved based on Corporate Membership and the order of which the contracts are received.

Corporate Membership must be renewed prior to receiving benefits. Please understand that space is not guaranteed until confirmation has been issued.

- TCA Corporate Member ~ - \$250.00
- NON TCA Corporate Member - \$350.00
- Seminar Break Sponsor (Sat.) - \$250.00

Electric Needed?

- Yes (there is an additional charge of \$35)*
- No

*The charge for electric may vary among different venues as this is a charge stipulated by the venue, not the TCA.

Special Needs Required - Explanation of special needs required: _____

TOTAL PAYMENT \$ _____ **Check #** _____
Card Number: _____ Exp. Date: _____ CVV Code: _____
Card Holder: _____ Signature: _____
Billing Address: _____ Zip: _____

Return this contract and payment to: e-mail: laura@TNChiro.com

Registration not valid unless accompanied by payment. All fees are non-refundable and non-transferable. Confirmations will be emailed to all confirmed registrants once registration has been processed.