

# Kids' Chance of New Mexico

**Kids' Chance of NM Annual Conference**  
**May 14<sup>th</sup> - 15<sup>th</sup> 2026**  
**From Once Upon a Claim to Happily After Care**

**Location:**

Sandia Resort & Casino  
30 Rainbow RD  
Albuquerque, NM 87113



**Exhibitor Form**

Hotel rooms are available at Sandia Resort & Casino at a discounted conference rate of \$249. Please call the hotel reservation line at (505) 798-3930 or toll free at (877) 272-9199 and reference BOOK ID#11949 to book your room. Rooms must be booked by 04/12/2026 to get the conference discount. Be sure to mention the Kids' Chance of NM Annual Conference when you call to reserve your room.

**DEADLINE TO BE IN THE PROGRAM - 03/27/2026**  
**NO REFUNDS AFTER 04/04/2026**

**Company Name** (as you would like it to reference on all marketing materials):

---

**Mailing Address** (must match billing information for credit card use and will be published in Program):

---

**Contact Person:**

---

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_



Please check the size of your display and choose your booth size accordingly. Please note that if your booth will not fit in the 6-ft space, you will be required to pay for a 12-ft space.

**Sponsorship / Exhibitor CEU Clause**  
**Continuing Education Units (CEUs): Not Included in Sponsorship Fees**  
**CEUs are *not* included as part of sponsorship or exhibitor packages. If you or your representatives intend to receive CEUs, a separate seminar registration form and fee are required. Completing and submitting the individual registration form is mandatory in order to receive credit. CEU credit fee \$100 in addition to your sponsorship.**

- One 6-ft. booth space at \$950 (includes TWO conference registrations)
- One 12-ft. booth space at \$1,450(includes THREE conference registrations)
- Electricity at \$150 CEU credit fee \$100

Please include employees who will be attending:

Attendee # 1: \_\_\_\_\_

Attendee # 2: \_\_\_\_\_

Attendee # 3: \_\_\_\_\_

**Registration for additional attendees is \$550/person.**

Total Amount Due: \$\_\_\_\_\_ Check One \_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_ AMEX \_\_\_\_\_ Check

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ SIC code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Please send this form to **Lisa Romero @ [lisa\\_romero@corvel.com](mailto:lisa_romero@corvel.com)**

**Mail CHECKS to: WCA of NM, 2900 Wellesley Dr. NE, Albuquerque, NM 87107.**