

Exhibit Space Application

EXHIBITOR INFORMATION: (please type or print clearly)

Exhibiting Organization: _____

Exhibitor Contact Name: _____
(Company representative to receive all information regarding exhibits and the conference.)

Title: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone: _____ E-mail (required): _____

List any probable Exhibitors you DO NOT wish to be near: _____

PAYMENT INFORMATION:

Exhibit Fee: \$1,300 — Center of Excellence Network Medical Center

Annual Supporter/Conference Supporter
(Refer to your conference support agreement for fee information.)

Other Organization \$ _____
(Refer to letter of invitation for exhibit fee information.)

Method of Payment: Check payable to: OptumHealth Education
Federal Tax ID Number: 30-0238641

Check Enclosed *(Payment is required for booth assignment.)*

Visa MasterCard American Express

Credit Card # _____ Exp. _____

Print Cardholder's Name _____ Signature _____

PROMOTIONAL INFORMATION:

Organization Name for Conference Materials: _____

(Use upper and lower case letters exactly as you want your organization's name to appear in conference materials and signage.)

Organization/Product Description: A brief 75-word description of your company/product will be included in the *Exhibit Guide*, which will be distributed to all conference attendees. Descriptions must be submitted electronically by Wed., Aug. 15 to ensure inclusion in the *Exhibit Guide*. Submit your description to luanne.ronning@optumhealtheducation.com.

INSTRUCTIONS:

(1) Organizations submitting applications and/or company/product descriptions after Aug. 15, 2012, may NOT be listed in the *Exhibit Guide* or program materials. (2) Payment must be received to secure exhibit space. Booth assignments will be based on the paid application receipt date. (3) A confirmation letter with instructions for registering on-site representatives will be e-mailed to the exhibiting contact listed above. Instructions for accessing the Exhibitor Service Manual—which includes shipping information and order forms—will be provided in your confirmation packet.

I, the duly authorized representative of the exhibiting organization, on behalf of the said organization, subscribe and agree to all terms, conditions, authorizations and covenants obtained in the 21st Annual National Conference Exhibitor Prospectus and Exhibit Space Application, as well as any other rules and directives which at any time are issued by OptumHealth in connection with this Exposition.

Authorized Signature: _____ Date: _____

FOR MORE INFORMATION CONTACT:

LuAnne Ronning
(218) 834-6369
luanne.ronning@optumhealtheducation.com

3 WAYS TO SUBMIT YOUR APPLICATION:

(Payment is required to secure booth space.)

1) E-mail: bethany.severson@optumhealtheducation.com

2) Fax: (612) 234-0925

3) MAIL: Bethany Severson
OptumHealth Education
Mail Route: MN010-S157
6300 Olson Memorial Hwy
Minneapolis, MN 55427

(A mail service that provides tracking information is recommended.)

FOR OFFICE USE ONLY:

Date application received: _____

Date exhibit fee received: _____

Date postmarked/faxed: _____