

Exhibiting & Registration Information

Exhibiting Fee — \$7,500

Exhibit fees include:

- Complimentary conference attendance for two (2) representatives
- Table top booth space during the Thursday, Nov. 8 reception and Friday, Nov. 9 lunch
- Draped 6' or 8' table
- Attendance to Thursday's educational sessions (CME/ACPE credit available)
- Attendance to Wednesday evening's welcome reception and dinner
- Attendance to business sessions on Friday as deemed "open to public" (to be determined)
- Accreditation as required
- Conference materials

Exhibit Space Application

Review and complete the Application for Exhibit Space in its entirety. Return the signed form to OptumHealth Education at least 30 days prior to the start of the conference. Submit early; last year's expo sold out!

Exhibitor Registration

Register online at

www.optumhealtheducation.com/mdf2012

All individuals at the exhibition and conference must register through the conference Web site.

Exhibit Date and Hours

Thursday, Nov. 8..... 5–7 p.m.

Friday, Nov. 9..... 12–1 p.m.

Food and refreshments will be served during open exhibit times.

Exhibiting Requirements

Exhibit Setup and Dismantle. Exhibitors are responsible for set up and tear down of their display. Displays can be assembled starting at 3:00 p.m. Thursday, and must be dismantled by 2:30 p.m. Friday.

Staffing. It is requested the exhibit be staffed throughout the open exhibit time.

Special Needs. Exhibitor is responsible for any special requirements. Complete and submit the Audio Visual Exhibitor Order Form for AV and electrical requirements. Contact the Exhibit Manager for other requests.

Exhibit Materials. All signs, displays and handouts are solely the responsibility of the Exhibitor. OptumHealth Education and the Four Seasons Hotel Las Vegas are not responsible for the security of items in the exhibit area.

Shipping

Shipping of materials to and from the hotel is the responsibility of the Exhibitor. Packages will be accepted by the hotel if received within 3 business days of the conference. To ensure proper delivery, include the following information on your packages:

1. Hold for Arrival
Attn: Exhibitor's Name/Organization
OptumHealth Conference
Arrival Date: 11/8/12
2. *Address package as follows:*
Four Seasons Hotel Las Vegas
Attention: Tina Golden, CMP
3960 Las Vegas Boulevard South
Las Vegas, NV 89119
Box ___ of ___

Submit the following exhibit shipment tracking information to luanne.ronning@optumhealtheducation.com :

- Shipping Vendor (FedEx, UPS, etc.):
- Tracking No.(s):
- # of Items Shipped

Hotel Information

Hotel: Four Seasons Hotel Las Vegas,
3960 Las Vegas Blvd. S., Las Vegas, NV 89119

Reservations:

Online: [OptumHealth Group Reservations](#)

Phone: (702) 632-5050; mention Optum to receive the discounted group rate.

Rate: \$199.00 single/double.

Room Block Release Date: October 12, 2012

Cancellations

If your company must cancel, prompt notification to the Exhibit Manager is requested.

Right of Refusal

OptumHealth Education reserves the right to refuse conference registration, attendance and exhibitor applications.

Contact Information

Exhibit Manager: LuAnne Ronning

Phone: (218) 834-6369 • Fax: (612) 234-0477

E-mail: luanne.ronning@optumhealtheducation.com

Exhibitor Information & Schedule

EXHIBITOR SCHEDULE-AT-A-GLANCE

Wed, Nov. 7	Welcome Reception & Group Dinner: 5:00–8:00 p.m.
Thur., Nov. 8	Exhibitor Registration: 7:00 a.m.–4:00 p.m.
Thur., Nov. 8	Exhibitor Set-up: 3:00–4:30 p.m.
Thur., Nov. 8	Exhibit Hall Reception: 5:00–7:00 p.m.
Fri., Nov. 9	Exhibitor Lunch Buffet Open: 11:30 a.m.–12:00 p.m.
Fri., Nov. 9	Exhibit Hall Lunch: 12:00–1:00 p.m.
Fri., Nov. 9	Exhibitor Move-out: 1:00–2:30 p.m.

The times listed for Friday, Nov. 9 are subject to change.

EXHIBITOR INFORMATION

Exhibit Location

Four Seasons Las Vegas
Four Seasons Ballroom 3–4, 2nd Floor
3960 Las Vegas Boulevard South
Las Vegas, NV 89119
Telephone: 1 (702) 632-5000
Guest fax: 1 (702) 632-5195

Registration

All onsite exhibitors/attendees must register at www.optumhealtheducation.com/mdf2012.

Special Needs

Exhibitors are responsible for any special requirements. For audio visual and electrical requirements, complete the Hotel's Audio Visual Exhibit Order Form. For all other special requests, contact the exhibit manager for ordering information.

Shipping

Shipping of materials to and from the hotel is the responsibility of the Exhibitor. Packages will be accepted by the hotel if received within 3 business days of the conference. To ensure proper delivery, include the following information on your packages:

Hold for Arrival

Attn: Exhibitor's Name/Organization

Booth No. _____

OptumHealth Conference

Arrival Date: 11/8/12

Address package as follows:

Four Seasons Hotel Las Vegas

Attention: Tina Golden, CMP

3960 Las Vegas Boulevard South

Las Vegas, NV 89119

Box ____ of ____

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of Items Shipped

6th Annual Medical Director Forum
November 8–9, 2012 • Four Seasons Hotel Las Vegas

Exhibit 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: **Event Supporter / Exhibitor⁽¹⁾** \$ _____
(Refer to your letter of invitation for exhibit fee information. Complete the Method of Payment section below.)

Diamond, Platinum or Gold Annual OptumHealth Education Supporter \$ N/A

Method of Payment: **Check payable to: OptumHealth Education (Federal Tax ID: 30-0238641)**

Credit Card
 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.)

INSTRUCTIONS: (Refer to the Exhibiting Information sheet for fee information and exhibiting details.)

- (1) Application:** Complete this form to apply for exhibit space. Submit at least thirty days prior to the start of the conference.
- (2) Registration:** All on-site representatives from your organization must register. Refer to your Support Agreement for the number of complimentary registrations available to your organization. Register at www.optumhealtheducation.com/mdf2012.
- (3) Right of Refusal:** OptumHealth Education reserves the right to determine eligibility of any applicant as an Exhibitor.

By signing this form, you agree: The Exhibitor assumes all responsibility for any and all loss, theft, or damage to exhibitor's displays, equipment and other property while on Four Seasons Hotel Las Vegas premises, and hereby waives any claim or demand it may have against OptumHealth Education and Four Seasons Hotel Las Vegas, or their affiliates, arising from such loss, theft, or damage.

In addition, the Exhibitor acknowledges that OptumHealth Education does not maintain insurance covering Exhibitor's property. It is the sole responsibility of the Exhibitor to obtain appropriate insurance covering any losses by the Exhibitor.

You agree to comply with any instructions or other terms contained in other materials delivered to you concerning this exhibit.

Authorized Signature: _____ Date: _____

Application Due Date: October 5, 2012

Contact Us:

E-Mail: moreinfo@optumhealtheducation.com

Conference Web Site:

www.optumhealtheducation.com/mdf2012

3 Ways to Submit Your Application:

FAX: (612) 234-0477

E-MAIL: luanne.ronning@optumhealtheducation.com

MAIL: Bethany Severson, MN010-S157

OptumHealth Education
6300 Olson Memorial Highway
Minneapolis, MN 55440-9472

(1) The Exhibition is open to OptumHealth Education sponsors/conference supporters, and other invited guests. If you check the Event Supporter/Exhibitor category and have not received an invitation to exhibit, please e-mail moreinfo@optumhealtheducation.com to request authorization.



Four Seasons Hotel Audio Visual Exhibitor Order Form

p702.632.5242 f 702.632.5069



EQUIPMENT & POWER	QTY	DAILY COST	# OF DAYS =	TOTAL
Easel		\$ 25.00		\$ -
AV Cart (36",42" or 54" w/skirt)		\$ 40.00		\$ -
Flipchart Kit		\$ 65.00		\$ -
Laptop Audio		\$ 75.00		\$ -
20 Amp Power Drop w/ Power Bar		\$ 175.00		\$ -
COMPUTER EQUIPMENT	QTY	DAILY COST	# OF DAYS =	TOTAL
Laptop Computer		\$ 300.00		\$ -
Interlink Wireless Mouse		\$ 50.00		\$ -
B/W Laserjet Printer		\$ 175.00		\$ -
Fax Machine		\$ 150.00		\$ -
DATA MONITORS / PROJECTORS	QTY	DAILY COST	# OF DAYS =	TOTAL
20" Dell Flat Panel Data Monitor		\$ 125.00		\$ -
20" Acer Flat Panel Data Monitor		\$ 125.00		\$ -
LCD Proj. (3,500 lumens) w/ screen		\$ 800.00		\$ -
LCD Proj. (4,500 lumens) w/ screen		\$ 955.00		\$ -
32" LCD Data/Video Monitor		\$ 475.00		\$ -
50" Plasma Data/Video Monitor		\$ 615.00		\$ -
SOUND SYSTEMS	QTY	DAILY COST	# OF DAYS =	TOTAL
1 Microphone (table, standing, or podium)		\$ 100.00		\$ -
House Sound Patch		\$ 100.00		\$ -
EV Sound System		\$ 250.00		\$ -
Compact Disc Player		\$ 75.00		\$ -
Wireless Microphone (Lav or Handheld)		\$ 175.00		\$ -

CUSTOM SIGNAGE

Prices starting at \$100.00

	SUBTOTAL	\$ -
Tax 8.1% of Subtotal.		\$ -
Delivery, Installation, Removal & Pick-up 23% of Subtotal.		\$ -
Loss/Damage Waiver - Insurance policy covering accidental damage to equipment 7% of Subtotal.		\$ -
TOTAL		\$ -

*** Electrical power arrangements are the responsibility of the exhibitor

exhibitor information	PAYMENT INFORMATION																								
<table style="width: 100%;"> <tr> <td style="width: 30%;">SHOW NAME:</td> <td>BOOTH #</td> </tr> <tr> <td>OptumHealth Medical Director Forum</td> <td>TBD</td> </tr> <tr> <td colspan="2">FIRM NAME:</td> </tr> <tr> <td colspan="2">ORDER BY & EMAIL:</td> </tr> <tr> <td colspan="2">ONSITE CONTACT:</td> </tr> <tr> <td>ADDRESS</td> <td>CITY, STATE, ZIP</td> </tr> <tr> <td>PHONE:</td> <td>FAX:</td> </tr> <tr> <td colspan="2">EMAIL ADDRESS</td> </tr> <tr> <td>OPENING DATE:</td> <td>TIME:</td> </tr> <tr> <td>Thursday, Nov. 8, 2012</td> <td>5 p.m.</td> </tr> <tr> <td>REMOVAL DATE:</td> <td>TIME:</td> </tr> <tr> <td>Friday, Nov. 9, 2012</td> <td>2 p.m.</td> </tr> </table>	SHOW NAME:	BOOTH #	OptumHealth Medical Director Forum	TBD	FIRM NAME:		ORDER BY & EMAIL:		ONSITE CONTACT:		ADDRESS	CITY, STATE, ZIP	PHONE:	FAX:	EMAIL ADDRESS		OPENING DATE:	TIME:	Thursday, Nov. 8, 2012	5 p.m.	REMOVAL DATE:	TIME:	Friday, Nov. 9, 2012	2 p.m.	<p>The customer agrees to pay in full for loss or theft of any equipment provided by Swank Audio Visuals. Pre-payment must accompany ALL orders unless prior</p> <p>CARD TYPE (Visa, Mastercard, AMEX, Diners Club)</p> <p>CARDHOLDERS NAME:</p> <p>CREDIT CARD NUMBER: EXP. DATE:</p> <p>SIGNATURE: DATE:</p>
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FOR MORE INFORMATION:

Phone: 702.632.5242 Fax: 702.632.5069
e-mail: 891fs@swankav.com