

Leading Innovative Care in Transplantation
A Spotlight on Methodist J.C. Walter Jr. Transplant Center
The Methodist Hospital Research Institute, Houston • April 11–12, 2013

Exhibiting & Registration Information

Conference/Exhibit Venue

The Methodist Hospital Research Institute (TMHRI) •
6670 Bertner Ave. • Houston, TX 77030
Exhibit Location: Mezzanine, Second Floor

Exhibiting Fee

Exhibit space includes one skirted table and two chairs. For fee information, refer to your conference support agreement or letter of invitation to exhibit.

Exhibit Space Application

Event Supporters / Exhibitors—Review and complete the Application for Exhibit Space in its entirety. Return the signed form to OptumHealth Education at least 21 days prior to the start of the conference. *Space is limited.*

Annual Conference Supporters—Please contact the Exhibit Manager at least 21 days prior to the start of the conference to reserve exhibit space. *Space is limited.*

Exhibitor Registration

Register On-site Representatives.

Go to www.optumhealtheducation.com/tmh2013

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

Exhibit Dates and Hours

Thursday, April 11 7:00 a.m.–2:30 p.m.

Friday, April 12 7:00 a.m.–2:45 p.m.

Exhibitors must check in at the Registration Desk to obtain credentials and space assignment.

Exhibiting Requirements

Exhibit Setup and Dismantle. Exhibitors are responsible for set up and tear down of their display.

Set-up: Thursday, April 11 6–7 a.m.; 8:30–9:30 a.m.

Please contact the Exhibit Manager to request an alternative set-up time.

Dismantle: Friday, April 12 2:45–3:45 p.m.

Staffing. It is requested the exhibit be staffed during breaks, lunches, and continental breakfasts.

Special Needs. Exhibitor is responsible for any special requirements. Contact the Exhibit Manager for ordering information.

Exhibit Materials. All signs, displays and handouts are solely the responsibility of the Exhibitor. No designated security is provided. Exhibitor assumes all liability for its materials and property.

Shipping and Delivery

Shipping and delivery of materials to and from TMHRI is the responsibility of the Exhibitor. Packages will be accepted up to two business days prior to the event. To ensure proper delivery, include the following information on your packages:

Attn: Exhibitor's Name/Organization
Exhibitor's Phone Number
Spotlight on Methodist Transplant Center Conference

Address packages as follows:

Methodist J.C. Walter Jr. Transplant Center
Attn: Lisa Yoder
6565 Fannin Street, SM 1201
Houston, Texas 77030-2707

Hotel Information

Hotel: Houston Marriott at the Texas Medical Center,
6580 Fannin Street, Houston, TX 77030

Reservations: (800) 228-9290

Rate: \$196.00 single/double. Mention "Methodist Optum Spotlight" to receive this special rate.

Room Block Release Date: March 22, 2013

Cancellations

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

Right of Refusal

OptumHealth Education and The Methodist Hospital reserve the right to refuse exhibitor applications.

Contact Information

Exhibit Manager: OptumHealth Education
LuAnne Ronning • p 218.834.6369 • f 612.234.0477
E-mail: luanne.ronning@optumhealtheducation.com

Exhibit Manager: Methodist J.C. Walter Jr. Transplant Center
Lisa Yoder • p 713.441.1157
E-mail: lbyoder@tmhs.org

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Application for Exhibit Space**

***EXHIBITOR INFORMATION:* (please type or print clearly)**

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

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

Title/Position: _____

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.)

Annual OptumHealth Education Supporter \$ N/A

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

Credit Card
 Visa **MasterCard** **American Express**

Credit Card # _____ **Exp.** _____

Print Cardholder's Name _____ **Signature** _____

INSTRUCTIONS:

Instructions (refer to the Exhibiting Information sheet for fee information and exhibiting details):

(1) **Application:** Complete this form to apply for exhibit space. Submit the completed form at least twenty-one days prior to the start of the conference. Exhibit space is limited.

(2) **Registration:** All on-site representatives from your organization must register. Refer to the Exhibitor Information sheet, or Annual Support Agreement, for the number of allowable complimentary registrations.

(3) **Right of Refusal:** OptumHealth Education and The Methodist Hospital reserve 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 The Methodist Hospital System premises, and hereby waives any claim or demand it may have against OptumHealth Education or The Methodist Hospital System or its affiliates, arising from such loss, theft, or damage.

In addition, the Exhibitor acknowledges that 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: March 15, 2013

Contact Us:

E-Mail: moreinfo@optumhealtheducation.com

Conference Web Site:

www.optumhealtheducation.com/tmh2013

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