

## Comprehensive Management of Patients With Kidney Disease

February 10–11, 2014 • Scottsdale, Arizona

### COE Network Medical Center Exhibiting Information

*This is an exclusive offer available only to medical facilities in an Optum Centers of Excellence network. It includes FREE exhibit space and a reduced registration fee.*

#### Exhibiting Fee

**Exhibit Space:** Complimentary with one paid FULL conference registration.

#### Conference Registration:

\$300 if payment received by January 17, 2014  
\$350 if payment received after January 17, 2014  
\$400 if payment received on site

The full-conference registration fee includes exhibit space during the Get-Acquainted Reception and access to all main conference sessions and activities. Exhibit space includes one skirted 6' or 8' table.

#### Exhibitor Application

Review and complete the Application for Exhibit Space and Indemnification Agreement in its entirety. Return the signed form to OptumHealth Education at least 21 days prior to the start of the conference.

#### Exhibitor Registration

Register online at

[www.optumhealtheducation.com/ckd2014](http://www.optumhealtheducation.com/ckd2014)

Complete the online registration process for each individual from your facility that will be at the conference as an exhibitor and/or conference registrant. All onsite personnel must register and pay the applicable registration fee. One full registration fee must be paid to receive free exhibit space.

#### Exhibit Date and Hours

Monday, February 10 ..... 5:00 to 7:00 p.m.

*Food and refreshments will be served during the reception.*

#### Exhibiting Requirements

**Exhibit Setup and Dismantle.** Exhibitors are responsible for set up and tear down of their display. Displays can be assembled two hours prior to the start of the reception, and must be dismantled within one hour after the close of the reception.

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

**Special Needs.** Exhibitor is responsible for any special requirements, such as electrical and audiovisual equipment. Contact LuAnne Ronning for ordering information.

**Exhibit Materials.** All signs, displays and handouts are solely the responsibility of the Exhibitor. OptumHealth Education and FireSky Resort & Spa 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 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 Education Conference  
Arrival Date: 02/10/2014
2. Address package as follows:  
Rich Gulden, Convention Services Manager  
FireSky Resort & Spa  
4925 North Scottsdale Road  
Scottsdale, AZ 85251

#### Hotel Information

Hotel: FireSky Resort & Spa, 4925 North Scottsdale Road, Scottsdale, AZ 85251

Phone: (480) 945-7666

Rate: \$219.00 single/double. Mention OptumHealth Education to receive this special rate.

Room Block Release Date: January 17, 2014

#### Cancellations

To receive a refund, a written cancellation notice must be received by OptumHealth Education a minimum of 30 days prior to the conference. A \$25 processing fee will be assessed.

#### 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](mailto:luanne.ronning@optumhealtheducation.com)

## 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:**  **COE Network Facility** \$     N/A\*      
*(Refer to the Exhibiting Information sheet for fee information.  
\*Fee will be processed during registration.)*

**Event Sponsor/Supporter or Other Exhibitor<sup>(1)</sup>** \$ \_\_\_\_\_  
*(Refer to your letter of invitation for exhibit fee information.  
Complete the Method of Payment section below.)*

**Nonprofit Organization** \$     N/A\*      
*(Refer to your letter of invitation for exhibit fee information.  
\*Fee will be processed during registration.)*

**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 during the Get-Acquainted Reception. Submit the completed form at least twenty-one days prior to the start of the conference.
  - (2) Registration:** All on-site representatives from your organization must register.
  - (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 FireSky Resort & Spa premises, and hereby waives any claim or demand it may have against OptumHealth Education or FireSky Resort & Spa or its 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 also 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:** January 20, 2013

### 3 Ways to Submit Your Application:

**Contact Us:**

**FAX:** (612) 234-0477

**E-Mail:** [moreinfo@optumhealtheducation.com](mailto:moreinfo@optumhealtheducation.com)

**E-MAIL:** [luanne.ronning@optumhealtheducation.com](mailto:luanne.ronning@optumhealtheducation.com)

**Conference Web Site:**

<http://www.optumhealtheducation.com/ckd2014>

**MAIL:** Bethany Severson, MN010-S157

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

(1) The Exhibition is open to Optum COE network medical facilities, OptumHealth Education sponsors/conference supporters, and other invited guests. If you check the "Other" category and have not received an invitation to exhibit, please e-mail [moreinfo@optumhealtheducation.com](mailto:moreinfo@optumhealtheducation.com) to request authorization.