

## Advances in the Management of Oncology, Stem Cell- and Solid Organ-Transplant Patients

April 29–May 1, 2013 • Scottsdale, Arizona

### *Exhibiting & Registration Information*

#### ***Exhibiting Fee***

Exhibit space includes one skirted 6' or 8' table during the Get-Acquainted Reception. Refer to your conference support agreement for fee information.

#### ***Exhibit Space Application***

**Event Supporters Only**—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.

**Annual Conference Supporters**—If OptumHealth Education has a signed Annual Exhibit Application on file from your organization, simply contact the Exhibit Manager at least 21 days prior to the start of the conference to reserve exhibit space. An Annual Exhibit Application can be obtained by contacting the Exhibit Manager.

#### ***Exhibitor Registration***

Register online at

[www.optumhealtheducation.com/txonc2013](http://www.optumhealtheducation.com/txonc2013)

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

#### ***Exhibit Date and Hours***

Monday, April 29.....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 the 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: 04/29/2013
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: \$189.00 single/double. Mention OptumHealth Conference to receive this special rate.

Room Block Release Date: April 5, 2013

#### ***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](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:**

<input type="checkbox"/> <b>COE Network Facility</b>	\$	<u>N/A*</u>
<small>(Refer to the Exhibiting Information sheet for fee information. *Fee will be processed during registration.)</small>		
<input type="checkbox"/> <b>Event Sponsor/Supporter or Other Exhibitor<sup>(1)</sup></b>	\$	_____
<small>(Refer to your letter of invitation for exhibit fee information. Complete the Method of Payment section below.)</small>		
<input type="checkbox"/> <b>Nonprofit Organization</b>	\$	<u>N/A*</u>
<small>(Refer to your letter of invitation for exhibit fee information. *Fee will be processed during registration.)</small>		

**Method of Payment: (if applicable)**

**Check payable to: OptumHealth Education**  
**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:** April 5, 2013

**Contact Us:**

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

**Conference Web Site:**

[www.optumhealtheducation.com/txonc2013](http://www.optumhealtheducation.com/txonc2013)

**3 Ways to Submit Your Application:**

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

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