

Spotlight on Northwestern University Affiliated Transplant Programs: Exploring Advances Along the Continuum of Care in Transplantation and Cancer Treatment

Lurie Children's Hospital, Chicago • June 11–12, 2013

Exhibiting & Registration Information

Conference/Exhibit Venue

Lurie Children's Hospital •
225 East Chicago Avenue • Chicago, IL 60611
Exhibit Location: Conference and Education Center,
11th Floor, Room 11142

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/nuatc2013

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

Exhibit Dates and Hours

Tuesday, June 11 7:00 a.m.–4:00 p.m.

Wednesday, June 12 7:00 a.m.–3:15 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: Tuesday, June 11 6–7 a.m.; 8:30–9:30 a.m.
Please contact the Exhibit Manager to request an alternative set-up time.

Dismantle: Wednesday, June 12 4:00–5:00 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 Lurie Children's Hospital 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

Address packages as follows:

Denise Jones
Ann & Robert H. Lurie Children's Hospital of Chicago
225 E. Chicago Ave.
11th Fl. Conference Center
Chicago, IL 60611
Phone: 312-227-4599

Please email the tracking number to drjones@luriechildrens.org when your package has been shipped.

Hotel Information

Hotel: Millennium Knickerbocker Hotel Chicago,
163 East Walton Place, Chicago, IL 60611

Reservations: (800) 621-8140

Rate: \$259.00 single/double. Mention "Transplant & Cancer Conference" to receive this special rate.

Room Block Release Date: May 17, 2013

Cancellations

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

Right of Refusal

OptumHealth Education and Northwestern University Affiliated Transplant Centers 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: Northwestern University Affiliated
Transplant Centers
Denise Jones • p 312.227.4599
E-mail: drjones@luriechildrens.org

For complete conference details, including online registration and housing information, go to www.optumhealtheducation.com/nuatc2013.

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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 Northwestern University Affiliated Transplant Centers (NUATC) 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 Lurie Children's Hospital premises, and hereby waives any claim or demand it may have against OptumHealth Education or Lurie Children's Hospital 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: May 20, 2013

3 Ways to Submit Your Application:

Contact Us:

FAX: (612) 234-0477

E-Mail: moreinfo@optumhealtheducation.com

E-MAIL: luanne.ronning@optumhealtheducation.com

Conference Web Site:

www.optumhealtheducation.com/nuatc2013

MAIL: Bethany Severson, MN010-S157

OptumHealth Education

6300 Olson Memorial Highway

Minneapolis, MN 55440-9472

(1) The Exhibition is open to OptumHealth Education and NUATC 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.