

A Spotlight on Transplantation at Emory University Hospital Emory Conference Center • Atlanta • May 14–15, 2014

Exhibiting & Registration Information

Conference/Exhibit Venue

Emory Conference Center •
1615 Clifton Road • Atlanta, GA 30329
Exhibit Location: Hickory Conference Room

Exhibiting Fee — \$1,500

Includes:

- * Exhibit space with one skirted table and two chairs
- * Two program registrations
- * Recognition on activity Web site
- * Recognition on conference signage

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.*

Exhibitor Registration

Register On-site Representatives.

Go to

<https://www.optumhealtheducation.com/emory2014>

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

Exhibit Dates and Hours

Wednesday, May 14..... 7:00 a.m.–4:45 p.m.

Thursday, May 15..... 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: Wednesday, May 14..... 6–7 a.m.; 7:30–9:30 a.m.
Please contact the Exhibit Manager to request an alternative set-up time.

Dismantle: Thursday, May 15 3:15–6:00 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 Emory Conference Center 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:

Emory Conference Center Hotel
RE: Optum Conference (5/14–15/2014)
1615 Clifton Road
Atlanta, GA 30329

Please email the tracking number to Bethany.severson@optumhealtheducation.com when your package has been shipped.

Hotel Information

Hotel: Emory Conference Center Hotel,
1615 Clifton Road, Atlanta, GA 30329

Reservations:

Online: [Emory Conference Center Hotel](#)

Phone: (404) 712-6565; Call Monday–Friday,
8 a.m.–5 p.m., mention “Optum Transplant
Conference” to receive the discounted group rate.

Rate: \$159.00 single/double.

Room Block Release Date: April 18, 2014

Cancellations

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

In the event the Conference must be canceled for such reasons, including but not limited to, fire, strikes, government regulations, lack of funding or any other event preventing the scheduled opening or continuance of this Conference, obligation for payment of the exhibiting fee shall be terminated. OptumHealth Education shall determine an equitable basis for the refund of such portion of expenditures and commitments already made.

Right of Refusal

OptumHealth Education and Emory University Hospital reserve the right to refuse exhibitor applications.

Contact Information

Exhibit Manager: OptumHealth Education
Bethany Severson • p 763.797.2834 • f 612.234.0925
E-mail: bethany.severson@optumhealtheducation.com

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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:	<input type="checkbox"/> Event Supporter / Exhibitor ⁽¹⁾	\$ <u>1,500.00</u>
	<input type="checkbox"/> Annual OptumHealth Education Supporter	\$ <u>N/A</u>

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 Emory University 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 Emory Conference Center premises, and hereby waives any claim or demand it may have against OptumHealth Education or Emory Conference Center 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: April 18, 2014
Contact Us:
E-Mail: moreinfo@optumhealtheducation.com
Conference Web Site:
www.optumhealtheducation.com/emory2014

3 Ways to Submit Your Application:
FAX: (612) 234-0925
E-MAIL: bethany.severson@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 and Emory University Hospital 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.