

**6<sup>th</sup> Spotlight on The Nebraska Medical Center**  
**Extraordinary Innovations in Transplantation and Oncology**  
**CenturyLink Center Omaha • July 8–9, 2014**

**Exhibiting & Registration Information**

**Conference/Exhibit Venue**

CenturyLink Center Omaha •  
455 N 10<sup>th</sup> Street • Omaha, NE 68102  
Exhibit Location: Grand Ballroom Foyer, 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.**

> [www.optumhealtheducation.com/neb2014](http://www.optumhealtheducation.com/neb2014)

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

**Exhibit Dates and Hours**

Tuesday, July 8 ..... 7:00 a.m.–4:30 p.m.

Wednesday, July 9 ..... 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, July 8 ..... 6–7 a.m.; 8:00–9:45 a.m.

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

Dismantle: Wednesday, July 9 ..... 3:15–5:00 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 the CenturyLink Center Omaha 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:

*Include on the package:*

Exhibitor's Name/Organization

Exhibitor's Phone Number

*Address packages as follows:*

CenturyLink Center Omaha

Attn: Lindsay Schaible

Case Manager Conference, July 8-9

455 N. 10th St., Dock #1

Omaha, NE 68102

**Hotel Information**

Hotel: Hilton Omaha, 1001 Cass Street, Omaha, NE 68102

Reservations:

Online: [Hilton Omaha](http://www.hilton.com)

Phone: (800) 445-8667; mention the "Transplant and Oncology Conference" to receive the discounted group rate.

Rate: \$159.00 single/double.

Room Block Release Date: June 9, 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 The Nebraska Medical Center reserve the right to refuse exhibitor applications.

**Contact Information**

Exhibit Manager: OptumHealth Education

Bethany Severson • p 763.797.283 • f 612.234.0925

E-mail: [bethany.severson@optumhealtheducation.com](mailto:bethany.severson@optumhealtheducation.com)

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**For complete conference details, including online registration and housing information, go to <http://www.optumhealtheducation.com/neb2014>.**

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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<sup>(1)</sup>** \$ 1,500

☐ **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 Nebraska Medical Center 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 CenturyLink Center Omaha premises, and hereby waives any claim or demand it may have against OptumHealth Education or The Nebraska Medical 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:** June 16, 2014

**Contact Us:**

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

**Conference Web Site:**

[www.optumhealtheducation.com/neb2014](http://www.optumhealtheducation.com/neb2014)

**3 Ways to Submit Your Application:**

**FAX:** (612) 234-0925

**E-MAIL:** [Bethany.severson@optumhealtheducation.com](mailto: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 The Nebraska Medical Center 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](mailto:moreinfo@optumhealtheducation.com) to request authorization.