



9th Annual Medical Director Forum

Four Seasons Las Vegas

November 5, 2015

Exhibitor Service Kit

Exhibitor Schedule and Information

EVENT SCHEDULE-AT-A-GLANCE

Wed, Nov. 4	Welcome Reception & Group Dinner: 5:00–8:30 p.m.
Thur., Nov. 5	Exhibitor Registration: 7 a.m.–4 p.m.
Thur., Nov. 5	Exhibitor Set-up: 8:00–11:00 a.m.
Thur., Nov. 5	Exhibit Hall Luncheon: 11:30 a.m.–1:00 p.m. <i>The buffet will open early for exhibitors.</i>
Thur., Nov. 5	Exhibit Hall Reception: 5–7 p.m.
Thur., Nov. 5	Exhibitor Tear-Down: 7-9 p.m.
Thur, Nov. 5	Outbound Drayage Pickup: 9 p.m.

***Times are subject to change.*

EVENT INFORMATION

Exhibit Location

Four Seasons Las Vegas
Exhibit Hall: Four Seasons Ballroom 3-4
3960 Las Vegas Blvd.
Las Vegas, NV 89119
Main: (702) 632-5000
Website: www.fourseasons.com/lasvegas

Registration

All participants affiliated with exhibits must register for the event at <https://www.optumhealtheducation.com/mdf2015-regform>.

Booth Equipment

1 Draped Table
2 Chairs
Exhibit area is carpeted

Special Requirements

Exhibitors are responsible for any special requirements. Wireless Internet will be available in the Exhibit Hall. Complete the PSAV Four Seasons Hotel Audio Visual Exhibitor Order form included at the end of this document for your audio visual and electrical needs.

Exhibit Hall Drawing

To encourage Exhibit Hall activity, OptumHealth Education will hold a drawing. To qualify, attendees will visit exhibitors to have their drawing cards initialed. Completed cards will be deposited into the raffle box, qualifying them for a chance to win.

Contact Us

Exhibit Manager: LuAnne Ronning
Phone: 1-218-834-6369
Email: luanne.ronning@optumhealtheducation.com
Conference Website: <https://www.optumhealtheducation.com/mdf2015>



Exhibitor Shipping Instructions

EXHIBITOR SHIPPING INSTRUCTIONS

Shipping Labels:

Shipping of materials to and from the hotel is the Exhibitor's responsibility. Packages will be accepted by the hotel if received within 3 business days of the conference. To ensure proper delivery, include the following information on packages:

Hold for Arrival

Attn: Your Company Name / Onsite Exhibitor's Name

Booth #: _____

Optum Conference, 11/5/15

Box ___ of ___

Address package as follows:

Presentation Services PSAV

c/o Four Seasons Hotel

3960 Las Vegas Blvd South

Las Vegas, NV 89119

Delivery of Shipment to Booth:

To aid in delivery of exhibitors' shipments to their assigned booths, shipment tracking information must be provided to the Exhibit Manager as follows:

Submit to luanne.ronning@optumhealtheducation.com

Due Date: Friday, Oct. 30

Tracking Information Required:

Shipping Vendor (FedEx, UPS, etc.):

Tracking No.(s):

of Items Shipped

OR

Shipment will be hand carried

Return Shipping:

Exhibitors are responsible for making their own return shipping arrangements. It is Exhibitors' responsibility to pack, secure and label each piece of their outbound shipment. Hotel package handling charges for outbound drayage are Exhibitors' responsibility. Current package handling rates are as follows:

Letters (under 1 lb.)	\$5.00
1 lb. — 15 lbs. (per box)	\$10.00
16 lbs. — 30 lbs. (per box)	\$15.00
31 lbs. — 80 lbs. (per box)	\$25.00
81 lbs. — 100 lbs. (per box)	\$30.00
101 lbs. and above (per lb.)	\$0.75

Complete the PSAV Four Seasons Shipping & Receiving Order Form at the end of this document to pre-authorize credit card payment for your outbound shipment.



Four Seasons Hotel Audio Visual

Exhibitor Order Form

p702.632.5242 f 702.632.5069



EQUIPMENT & POWER	QTY	DAILY COST	# OF DAYS =	TOTAL
Easel		\$ 25.00		\$ -
AV Cart (36",42" or 54" w/skirt)		\$ 40.00		\$ -
Flipchart Kit		\$ 80.00		\$ -
Laptop Audio		\$ 125.00		\$ -
20 Amp Power Drop w/ Power Strip		\$ 130.00		\$ -
COMPUTER EQUIPMENT	QTY	DAILY COST	# OF DAYS =	TOTAL
Laptop Computer		\$ 260.00		\$ -
Wireless Slide Advancer		\$ 65.00		\$ -
B/W Laserjet Printer		\$ 225.00		\$ -
Fax Machine		\$ 150.00		\$ -
DATA MONITORS / PROJECTORS	QTY	DAILY COST	# OF DAYS =	TOTAL
20" Flat Panel Data Monitor		\$ 165.00		\$ -
Meeting Room Projector Package		\$ 760.00		\$ -
32" LCD Data/Video Monitor		\$ 310.00		\$ -
50" Plasma Data/Video Monitor		\$ 730.00		\$ -
SOUND SYSTEMS	QTY	DAILY COST	# OF DAYS =	TOTAL
1 Microphone (table, standing, or podium)		\$ 100.00		\$ -
House Sound Patch		\$ 150.00		\$ -
EV Sound System		\$ 450.00		\$ -
Wireless Microphone (Lav or Handheld)		\$ 230.00		\$ -

SUBTOTAL	
Tax 8.1% of Subtotal.	
Delivery, Installation, Removal & Pick-up 23% of Subtotal.	
Loss/Damage Waiver - Insurance policy covering accidental damage to equipment 7% of Subtotal.	
TOTAL	

*** Electrical power arrangements are the responsibility of the exhibitor

EXHIBITOR INFORMATION		PAYMENT INFORMATION	
SHOW NAME:	Room	The customer agrees to pay in full for loss or theft of any equipment provided by Presentation Services PSAV. Pre-payment must accompany ALL orders unless prior.	
Optum Medical Director Forum			
FIRM NAME:			
ORDER BY & EMAIL:		CARD TYPE (Visa, Mastercard, AMEX, Diners Club)	
ONSITE CONTACT:		CARDHOLDERS NAME:	
ADDRESS	CITY, STATE, ZIP	CREDIT CARD NUMBER:	EXP. DATE:
PHONE:	FAX:	CVV #	
EMAIL ADDRESS		SIGNATURE:	DATE:
OPENING DATE:	TIME:	FOR MORE INFORMATION: Phone: 702.632.5242 Fax: 702.632.5069 e-mail: jkeith@psav.com	
Nov. 5, 2015	11:30 am		
REMOVAL DATE:	TIME:		
Nov. 5, 2015	7:00 pm		

Presentation Services PSAV, c/o Four Seasons Hotel, 3960 Las Vegas Blvd South, Las Vegas, NV 89119

Rev 02/13/2013

Please only complete highlighted areas of form. Non-highlighted areas are locked.

Four Seasons Hotel Shipping & Receiving Exhibitor Order Form



p702.632.5304 f 702.632.5305



SHIPPING & RECEIVING CHARGES	COST	WEIGHT	QTY	TOTAL
Letters (under 1 lb)	\$5.00			\$ -
1 lb.- 15 lbs. (per box)	\$10.00			\$ -
16 lbs.- 30 lbs. (per box)	\$15.00			\$ -
31 lbs. - 80 lbs. (per box)	\$25.00			\$ -
81 lbs.- 100 lbs. (per box)	\$30.00			\$ -
101 lbs. and above (per lb.)	\$0.75			\$ -

	SUBTOTAL	\$ -
	TOTAL	\$ -

EXHIBITOR INFORMATION	PAYMENT INFORMATION																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">SHOW NAME: Optum Medical Director Forum</td> <td style="width: 40%;">BOOTH #</td> </tr> <tr> <td colspan="2">FIRM NAME:</td> </tr> <tr> <td colspan="2">ORDER BY & EMAIL:</td> </tr> <tr> <td colspan="2">ONSITE CONTACT:</td> </tr> <tr> <td>ADDRESS</td> <td>CITY, STATE, ZIP</td> </tr> <tr> <td>PHONE:</td> <td>FAX:</td> </tr> <tr> <td colspan="2">EMAIL ADDRESS</td> </tr> <tr> <td>OPENING DATE: Nov. 5, 2015</td> <td>TIME: 11:30 am</td> </tr> <tr> <td>PICK UP DATE: Nov. 5, 2015</td> <td>TIME: 7:00 pm</td> </tr> </table>	SHOW NAME: Optum Medical Director Forum	BOOTH #	FIRM NAME:		ORDER BY & EMAIL:		ONSITE CONTACT:		ADDRESS	CITY, STATE, ZIP	PHONE:	FAX:	EMAIL ADDRESS		OPENING DATE: Nov. 5, 2015	TIME: 11:30 am	PICK UP DATE: Nov. 5, 2015	TIME: 7:00 pm	<p>I hereby authorize PSAV Four Seasons Hotel to charge the balance due for return shipping (material handling) to my credit card.</p> <p>CARD TYPE (Visa, Mastercard, AMEX, Diners Club)</p> <p>CARDHOLDERS NAME:</p> <p>CREDIT CARD NUMBER: EXP. DATE:</p> <p>SIGNATURE: DATE:</p>
SHOW NAME: Optum Medical Director Forum	BOOTH #																		
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