



# Essentials of Solid Organ and Blood/Marrow Transplant Management for the Health Care Team

Sheraton New Orleans

April 11–12, 2016

**Exhibitor Service Kit**

# Exhibitor Schedule and Information

## EVENT SCHEDULE-AT-A-GLANCE

Monday, April 11, 2016	Exhibitor Set-up: 8:00–9:30 a.m.
Monday, April 11, 2016	Exhibit Hall Open: 9:45 a.m.–6:30 p.m. Breaks (a.m./p.m.), Lunch/Dessert Break, Get-Acquainted Reception
Tuesday, April 12, 2016	Exhibit Hall Open: 7:00 a.m.–1:15 p.m. during Continental Breakfast, Morning Break, Lunch/Dessert Break
Tuesday, April 12, 2016	Exhibitor Tear-Down: 1:30–2:30 p.m.

## EVENT INFORMATION

### Exhibit Location

Sheraton New Orleans Hotel  
Exhibit Hall: Waterbury Ballroom, 2<sup>nd</sup> Floor  
500 Canal St.  
New Orleans, LA 70130  
Website: [www.sheratonneworleans.com](http://www.sheratonneworleans.com)

### Registration

All participants affiliated with exhibits must register for the event at <https://www.optumhealtheducation.com/txpcourse2016-regform>.

Complimentary registrations included with exhibit fee:

- Medical centers/Nonprofit organizations: 1 complimentary registration
- Event supporters: 2 complimentary registrations
- Annual supporters: Refer to your support agreement

Registration instructions:

- For complimentary registrations, under Registration Type, select Vendor/Industry Registration.
- For additional representatives:
  - Medical Centers/Nonprofit organizations: Under Registration Type, select Conference Registration and process the required registration fee.
  - Event and Annual supporters: Contact OptumHealth Education for fees and instructions.

### Booth Equipment

1 Draped Table  
2 Chairs  
Exhibit area is carpeted

### Utilities and Audio Visual Equipment

Exhibitors are responsible for any special requirements. Complete the PSAV Sheraton New Orleans Hotel Exhibitor Order form included at the end of this document for your audio visual, Internet and electrical needs.

### Traffic Building Activity

To encourage Exhibit Hall activity, OptumHealth Education will hold a drawing.

### Contact Us

Exhibit Manager: LuAnne Ronning  
Phone: 1-218-834-6369  
Email: [luanne.ronning@optumhealtheducation.com](mailto:luanne.ronning@optumhealtheducation.com)  
Conference Website:  
<https://www.optumhealtheducation.com/txpcourse2016>

March 25, 2016

# 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, it is imperative to include all the following information on packages:

Exhibitor: <Exhibiting Organization/Cell Number>

Booth #: \_\_\_\_\_

c/o FedEx Office at Sheraton New Orleans

500 Canal Street

New Orleans, LA 70130

Group: OptumHealth Education

Box \_\_\_ of \_\_\_

### 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](mailto:luanne.ronning@optumhealtheducation.com)

Due Date: Tuesday, April 5, 2016

Tracking Information Required:

- Shipping Vendor (FedEx, UPS, etc.):
- Tracking No.(s):
- # of Items Shipped
- Recipient's (onsite exhibitor's) Name

**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.

Complete the FedEx Credit Card Authorization Form at the end of this document to pre-authorize credit card payment for your outbound shipment.

Current package handling rates are as follows (subject to change):

PACKAGE WEIGHT	PACKAGE PICKUP OR DROP OFF BY GUEST	PACKAGE PICKUP OR DELIVERY BY FEDEX OFFICE
Flat Envelopes	No Charge	\$5.00
0.0 – 1.0 lbs.	\$2.00**	\$5.00
1.1 – 10.0 lbs.	\$10.00	\$15.00
10.1 – 20.0 lbs.	\$15.00	\$20.00
20.1 – 30.0 lbs.	\$20.00	\$30.00
30.1 – 40.0 lbs.	\$25.00	\$40.00
40.1 – 50.0 lbs.	\$25.00	\$50.00
50.1 – 60.0 lbs.	\$25.00	\$50.00
Over 60.0 lbs.	\$25.00	\$70.00
Pallets & Crates*	\$150.00	\$150.00

March 25, 2016

EXHIBITOR ORDER FORM



**Video Equipment** SHOW RATE (includes labor)

	Qty	Advanced*	**	Total
DVD / Blu-Ray Player		\$182.50	\$237.25	
32" Flat Panel Video & Computer Monitor***		\$425.00	\$526.50	
46" Flat Panel Video & Computer Monitor***		\$675.00	\$851.50	
55" - 60" Flat Panel Video & Computer Monitor***		CALL	CALL	
Floor Stand for 32" or Larger Monitor		\$125.00	\$162.50	
Floor Stand for 32" or Larger Monitor WITH SHELF		\$175.00	\$227.50	

\*\*\*PLEASE SPECIFY IF STAND IS NEEDED\*\*\*

\*\*\*PSAV does not supply wall mounts or labor for mounting monitors to your hard sets\*\*\*

**Computers and Accessories** SHOW RATE (includes labor)

	Qty	Advanced*	**	Total
Laptop Computer with CD drive		\$282.50	\$367.25	
<b>Please Note Specific Software/Hardware Needs:</b>				
Basic Black & White LaserJet Printer		\$282.50	\$367.25	
19" Flat Panel Computer Monitor		\$220.00	\$279.50	

**Internet** SHOW RATE (includes labor)

	Qty	Advanced*	**	Total
Basic Wireless Internet per Device		\$90.00	\$150.00	
Basic Wired Internet		\$600.00	\$800.00	
Additional Wired Internet per Device		\$75.00	\$125.00	

Basic connections are 1Mbps. For special HSIA / Bandwidth needs, please call 504-592-8002 for availability and pricing.

**Power** SHOW RATE (includes labor)

	Qty	Advanced*	**	Total
5 AMP / 500 Watts (includes power strip)		\$195.00	\$285.00	
10 AMP / 1000 Watts (includes power strip)		\$270.00	\$397.50	
20 AMP / 2000 Watts (includes power strip)		\$420.00	\$622.50	
Additional Power Strip		\$15.00	\$20.00	
25' extension cord		\$15.00	\$20.00	

Additional labor may apply to under carpet or complex booth sets.

**Rental Totals** PAYMENT IS DUE WHEN ORDER IS PLACED

SUBTOTAL	*PSAV	
SERVICE CHARGE (24% of Order Total)	will	
SUBTOTAL	calculate	
SALES TAX (11% of line Subtotal)	this	
TOTAL DUE	section	

\*Advanced pricing if received by PSAV 10 days or more prior to installation.

\*\*Pricing if received by PSAV less than 10 days prior to installation.

**Customer Information**

Show/Convention Name: **OptumHealth Education Transplant Conference**

Show/Convention Dates: **April 11-12, 2016**

Company/Organization Name:

Address:

City:

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ordered By:

Phone:

Fax:

email:

**Delivery Information**

On-Site Contact:

Booth #:

**Ordering Instructions**

- ⇒ To guarantee availability, orders should be faxed to 504-592-8020 no less than 10 days prior to show start date.
- ⇒ All orders and order totals will be confirmed with a detailed quote, which will be emailed to the email address given above within 2 weeks prior to the show start date.
- ⇒ All orders must include payment information to be processed. Credit card payment is preferred method. If paying by check, please make payable to Sheraton New Orleans and submit no less than 7 days prior to setup, and please confirm order total with PSAV representative prior to submitting check.
- ⇒ **TAX EXEMPT STATUS** - If you are exempt from payment of sales tax, please submit exemption certificate for approval.
- ⇒ **OPERATOR LABOR** - If requested, operator labor is subject to the prevailing hourly rate and a 5-hour minimum
- ⇒ **CANCELLATIONS** - Cancellation of equipment ordered must be received at least 48 hours prior to delivery date to avoid charges.

**Method of Payment**

Name on Card: \_\_\_\_\_

Type of Card: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ AMEX \_\_\_ Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Card ZIP Code: \_\_\_\_\_

**Return for Processing**

**PSAV Sheraton New Orleans**  
 500 Canal Street  
 New Orleans, LA 70130  
 Phone: 504-592-8002 Fax: 504-592-8020  
 Brett Weller - bweller@psav.com



# HCO Parcel Management Credit Card Authorization Form

## Instructions

It is essential that we protect the security of our customer's credit card data and personal information. This includes the processing, handling and storing of a customer's credit card, credit card data and/or receipt. The use of the Credit Card Authorization Form (CCAF) is restricted to Parcel Management locations only and the transaction must be completed (tendered in OTP/FPOS) immediately after the pickup or delivery has occurred and the credit card information must be disposed of in the Iron Mountain shredding bin. Under no circumstances should credit card data be temporarily or permanently retained within the Business Center and FedEx Office cannot accept credit card data via email or fax transmittal.

## Customer/Account Information

Customer Name / Event Name:		
Email:	Cell:	
Package IDs or Tracking Numbers:		
Transaction Amount:	Date:	OTP Receipt Number:
Notes:		

----- DETACH AND SHRED IMMEDIATELY AFTER THE TRANSACTION IS TENDERED -----

Name of the Credit Card Account Holder:	Credit Card Type:	<input type="radio"/> Visa
	<input type="radio"/> FedEx Office Account #	<input type="radio"/> MasterCard
	<input type="radio"/> FedEx Account #	<input type="radio"/> Discover
	<input type="radio"/> AMEX	<input type="radio"/> Dinners Club
Credit Card Number :	Expiration Date:	
Account Holder Signature:	Billing Zip Code:	