



10th Annual Medical Director Forum

Four Seasons Las Vegas
November 3, 2016

Exhibitor Service Kit

Exhibitor Schedule and Information

EVENT SCHEDULE-AT-A-GLANCE

Wed, Nov. 2	Welcome Reception & Group Dinner: 5:00–8:30 p.m.
Thur., Nov. 3	Exhibitor Registration: 7 a.m.–4 p.m.
Thur., Nov. 3	Exhibitor Set-up: 8:00–11:00 a.m.
Thur., Nov. 3	Exhibit Hall Luncheon: 11:45 a.m.–1:15 p.m. <i>The buffet will open early for exhibitors.</i>
Thur., Nov. 3	Exhibit Hall Reception: 5–7 p.m.
Thur., Nov. 3	Exhibitor Tear-Down: 7-9 p.m.
Thur, Nov. 3	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/mdf2016-regform>

Standard Booth Package

Tabletop Booth Space
1 Draped Six-Foot 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.

Social Responsibility Activity

To encourage booth traffic, OptumHealth Education is incorporating a community project into the exhibit hall. OptumHealth Education will provide each exhibitor with a unique item to distribute to attendees. The goal is for participants to collect each of the “bag stuffers” from exhibitors to fill a “Make You Smile” bag which will be donated to pre-K centers in the area by United Way of Southern Nevada.

Contact Us

Exhibit Manager: LuAnne Ronning
Phone: 1-612-395-8486
Email: luanne.ronning@optumhealtheducation.com
Conference Website: <https://www.optumhealtheducation.com/mdf2016>



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 #: _____ (If your booth number is unavailable at time of shipment, enter TBD.)

Optum Conference, 11/3/16

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. 28

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		\$ 20.00		\$ -
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		\$ 140.00		\$ -
COMPUTER EQUIPMENT	QTY	DAILY COST	# OF DAYS =	TOTAL
Laptop Computer		\$ 260.00		\$ -
Wireless Slide Advancer		\$ 65.00		\$ -
B/W Laserjet Printer		\$ 245.00		\$ -
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" Monitor & Stand Package		\$ 390.00		\$ -
50" Monitor & Stand Package		\$ 730.00		\$ -
CONNECTION SERVICES	QTY	DAILY COST	# OF DAYS =	TOTAL
Wireless Internet Connection (5 Mbps)		\$ 45.00		\$ -
Wired Internet Connection		\$ 225.00		\$ -

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

exhibitor information	PAYMENT INFORMATION																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">SHOW NAME:</td> <td>Room</td> </tr> <tr> <td>Optum 10th Annual Medical Director Forum</td> <td>FSBR 4</td> </tr> <tr> <td>FIRM NAME:</td> <td></td> </tr> <tr> <td>ORDER BY & EMAIL:</td> <td>CARD TYPE (Visa, Mastercard, AMEX, Diners Club)</td> </tr> <tr> <td>ONSITE CONTACT:</td> <td>CARDHOLDERS NAME:</td> </tr> <tr> <td>ADDRESS CITY, STATE, ZIP</td> <td>CREDIT CARD NUMBER:</td> </tr> <tr> <td>PHONE: FAX:</td> <td>PLEASE CALL NUMBER BELOW WITH CREDIT CARD NUMBER</td> </tr> <tr> <td>EMAIL ADDRESS</td> <td>SIGNATURE:</td> </tr> <tr> <td>OPENING DATE:</td> <td>DATE:</td> </tr> <tr> <td>Thursday, Nov. 3, 2016</td> <td></td> </tr> <tr> <td>TIME:</td> <td></td> </tr> <tr> <td>11:45 a.m.</td> <td></td> </tr> <tr> <td>REMOVAL DATE:</td> <td></td> </tr> <tr> <td>Thursday, Nov. 3, 2016</td> <td></td> </tr> <tr> <td>TIME:</td> <td></td> </tr> <tr> <td>7:00 p.m.</td> <td></td> </tr> </table>	SHOW NAME:	Room	Optum 10th Annual Medical Director Forum	FSBR 4	FIRM NAME:		ORDER BY & EMAIL:	CARD TYPE (Visa, Mastercard, AMEX, Diners Club)	ONSITE CONTACT:	CARDHOLDERS NAME:	ADDRESS CITY, STATE, ZIP	CREDIT CARD NUMBER:	PHONE: FAX:	PLEASE CALL NUMBER BELOW WITH CREDIT CARD NUMBER	EMAIL ADDRESS	SIGNATURE:	OPENING DATE:	DATE:	Thursday, Nov. 3, 2016		TIME:		11:45 a.m.		REMOVAL DATE:		Thursday, Nov. 3, 2016		TIME:		7:00 p.m.		<p>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.</p> <p>FOR MORE INFORMATION: Phone: 702.632.5242 Fax: 702.632.5069 e-mail: rwolf@psav.com</p>
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Presentation Services PSAV, c/o Four Seasons Hotel, 3960 Las Vegas Blvd South, Las Vegas, NV 89119



Four Seasons Hotel Shipping & Receiving Exhibitor Order Form



p. 702.632.5304 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			\$ -

Please include group name and booth # on all boxes.	SUBTOTAL	\$ -
	TOTAL	\$ -

EXHIBITOR INFORMATION		PAYMENT INFORMATION	
SHOW NAME: Optum 10th Annual Medical Director Forum	BOOTH #	CARD TYPE (Visa, Mastercard, AMEX, Diners Club)	
FIRM NAME:		CARDHOLDERS NAME:	
ORDER BY & EMAIL:		CREDIT CARD NUMBER:	EXP. DATE:
ONSITE CONTACT:		PLEASE CALL NUMBER BELOW WITH CREDIT CARD NUMBER	
ADDRESS CITY, STATE, ZIP		SIGNATURE:	DATE:
PHONE: FAX:	Please reach out to Sam Chalati for additional information: Phone: 702.632.5304 Fax: 702.632.5305 e-mail: schalati@psav.com		
EMAIL ADDRESS			
OPENING DATE: Nov. 3, 2016	TIME: 11:45 a.m.		
PICK UP DATE: Nov. 3, 2016	TIME: 7:00 p.m.		

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