



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

The Scott Resort & Spa

March 20–21, 2017

**Exhibitor Service Kit**

# Exhibitor Schedule and Information

## EVENT SCHEDULE-AT-A-GLANCE

Monday, March 20, 2017	Exhibitor Set-up: 8:00 a.m.–12:00 p.m. Exhibit Hall Open: 1:15.–6:30 p.m. during Dessert Break, Afternoon Break, Get-Acquainted Reception
Tuesday, March 21, 2017	Exhibit Hall Open: 7:00 a.m.–1:15 p.m. during Continental Breakfast, Morning Break, Lunch/Dessert Exhibitor Tear-Down: 1:15–2:30 p.m.

## EVENT INFORMATION

### Exhibit Location

The Scott Resort & Spa  
Exhibit Hall: Elements Ballroom Earth/Air/Fire  
4925 North Scottsdale Road  
Scottsdale, AZ 85251  
Main: (480) 945-7666  
Web site: [www.thescottresort.com](http://www.thescottresort.com)

### Registration

All participants affiliated with exhibits must register at <https://www.optumhealtheducation.com/txpcourse2017-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

\*\* **Exhibit staff must register using the complimentary registration(s).** Any extra complimentary registrations that are available may be used by other organization employees attending the conference.

Registration instructions:

- Complimentary registrations: Under Registration Fee, select Exhibitor Registration.
- Additional representatives:
  - Medical Centers/Nonprofit organizations: Under Registration Fee, select Conference Registration and process the required registration fee.
  - Event and Annual supporters: Under Registration Fee, select Industry-Extra Registration and process the required registration fee.

### Booth Equipment

1 Draped Table and up to 2 Chairs  
Exhibit area is carpeted

### Utilities and Audio Visual Equipment

Exhibitors are responsible for any special requirements. Complete PSAV's Exhibitor Order Form included at the end of this document for your audio visual and electrical needs. Basic wireless Internet will be available throughout the exhibit area.

### Traffic Building Activity

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

### Contact Us

Exhibit Manager: Bethany Severson, 952-205-3071, [bethany.severson@optumhealtheducation.com](mailto:bethany.severson@optumhealtheducation.com)  
Conference Website: <https://www.optumhealtheducation.com/txpcourse2017>

# 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:

Hold for Arrival

Exhibitor: Your Company Name / Onsite Exhibitor's Name

Optum Conference, 3/20/17

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

*Address package as follows:*

Attention: Rich Gulden

The Scott Resort & Spa

4925 North Scottsdale Road

Scottsdale, AZ 85251

### Delivery of Shipment to Booth:

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

Submit to [luanne.ronning@optumhealtheducation.com](mailto:luanne.ronning@optumhealtheducation.com)

Due Date: Friday, March 17, 2017

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:

It is Exhibitors' responsibility to pack, secure and label each piece of their outbound shipment. Hotel package handling charges for outbound drayage may apply and are Exhibitors' responsibility. FedEx and UPS make regular pickups at The Scott. It is Exhibitors' responsibility to make their own return shipping arrangements with shipping vendors other than FedEx and UPS.



Email: cstreet@psav.com  
Phone: (480) 424-6098

4925 N. Scottsdale Road  
Scottsdale AZ, 85251

CUSTOMER INFORMATION	
Company:	
Address:	
City:	
State:	Zip Code:
Phone:	
Fax:	
Email:	

DELIVERY INFORMATION	
Convention Name: OptumHealth Education	
Room:	Earth/Air/Fire
Booth/Table	
Contact:	
Delivery	Pick-Up
Date: 3/20/2017	Date: 3/21/2017
Time:	Time:

- \* If your exhibit booth ends early, please notify Hotel (ext.7308) to pick up your equipment (see rental agreement box below)
- \* Equipment must be ordered within 10 days of event to qualify for rates and availability
- \* Other equipment is available; please call to inquire.

Qty.	Days	EQUIPMENT ITEMS	Each	Total
		Exhibitor Power 10AMP	\$40.00	
		Exhibitor Power Dedicated 20AMP	\$100.00	
		Laptop Computer	\$230.00	
		Meeting Room Projector Package (Tripod Screen)	\$550.00	
		4k Lumen 10' Screen Projector Package	\$835.00	
		Computer Speakers	\$40.00	
		Wireless Slide Advancer	\$60.00	
		Flip Chart (w/ paper and colored markers)	\$70.00	
		Basic Audio Support System (Stereo)	\$285.00	
		Wireless Microphone (Lav or HH)	\$190.00	
		Wired Internet Per Line	\$350.00	
		House Phone	\$50.00	
		Dial Out Line - Dial "9" Local&Long Distance	\$100.00	
		Direct Inward Dial Phone - bypasses Resort PBX	\$200.00	

All charges are Per Day.

Method of Payment
Prepayment with order guarantees reservation of your equipment
All payment information for PSAV services is handled directly with the Scott Resort & Spa. Please send payment information to Alex Edmunds at <a href="mailto:aedmunds@thescottresort.com">aedmunds@thescottresort.com</a> or 480.424.6071
As the lessee, I understand I will be held fully liable for all damage and/or loss to the above listed equipment.
<input type="checkbox"/> The Scott Credit Card Authorization Form returned completed to Alex Edmunds.
Name on Card: _____
Signature: _____

Subtotal	
10% Equipment Discount	
**Setup and removal labor (24%)	
Tax @ 7.95%	
<b>Grand Total</b>	

(1) Lessee does hereby rent and accept the listed equipment and acknowledges that it is in good working condition and agrees to pay the rent for said property at the rate herein stated; Lessee further agrees to take care of said equipment and to use it in a proper manner and agrees that in the event any of the rented equipment is lost or destroyed before it is returned, to promptly pay an amount equal to the reasonable cost of repairing or replacement of same. (2) Lessor is hereby released from any and all claims for damages to Lessee, by reason of use of said property; Lessee agrees to indemnify Lessor from any and all claims for damage to said property by reason of the use of said property or any other person from date hereof until said property is returned to Lessor. (3) It is understood that the rental commences as of the date and time hereof and ends only when the rented equipment is returned. Should said property not be returned to Lessor at the time specified as herein stated, Lessee agrees to pay rent for all additional time beyond that when the same is due, at the rate herein listed. It is agreed that failure to pay rent or if default is made in any of the terms hereof, Lessor may at once take possession of said rented equipment wherever the same may be found and remove the same and the Lessor or its agents shall in no way be liable for any claims for damages or injury in the removal of said equipment. (4) Lessee further agrees that all charges for rental will be paid in advance or immediately upon return of merchandise or upon receipt of invoice for same and that all collection fees, attorney fees, court costs, or any expense incurred in collecting and rental will be paid by Lessee. (5) RENTER IS RESPONSIBLE FOR EQUIPMENT AND ALL LEGAL FEES CONNECTED WITH RENTAL OR COLLECTION. (6) Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

# THE SCOTT

## RESORT & SPA

### Credit Card Authorization

I, the undersigned, hereby authorize the following charges:

\_\_\_ Room and Tax      \_\_\_ Resort Fee      \_\_\_ All Charges      \_\_\_ Room Service  
\_\_\_ Honor Bar      \_\_\_ Restaurant Meals      \_\_\_ Gift Certificate      \_\_\_ Catering/Meetings  
\_\_\_ Concierge Amenities up to \$ \_\_\_\_\_      \_\_\_ Gift Shop      \_\_\_ Telephone  
\_\_\_ Gratuities Negotiated with Room Rate by Group/Conference      \_\_\_ Spa  
\_\_\_ Deposit of \$ \_\_\_\_\_      \_\_\_ Other \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
*(Name of the person filling out the form)*

#### GUEST / GROUP INFORMATION:

Guest / GROUP Name: \_\_\_\_\_ Confirmation #: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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Last Four Digits of Credit Card Number: \_\_\_\_\_ 3 or 4 Digit Security Code: \_\_\_\_\_

\*Credit card authorizations will not be accepted without security code or complete billing address\*

**\*\*To protect your confidential information, do not provide the full credit card number in this form. Please CALL the hotel to provide your full credit card number\*\***

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Name as it appears on credit card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ (If different than number listed above)

Email Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Scott Resort & Spa  
4925 N Scottsdale Road  
Scottsdale, AZ 85251  
PHONE: 480-945-7666  
FAX: 480-424-6071

ATTENTION: \_\_\_\_\_