

Fax: 816.471.1602 email: jmulheron@fernexpo.com

OptumHealth Education's 28th Annual National Conference

October 14 - 15, 2019 Hilton - Grand Ballroom, Minneapolis, MN 07-13310-19

Discount Deadline: October 03, 2019

Booth Equipment

Each 8' x 10' Booth Includes: 8' High Back Drape

3' High Side Drape

1 - 6'x30" Draped Table

2 - Side Chairs (provided by Hotel)

1 - Wastebasket

1 - ID Sign

Show Colors:

Booth Drape: Black

Carpet: Exhibit hall has existing carpet

Executive Furniture & Display Rentals

If you wish to upgrade your booth with Executive Furniture or a Display, please email jmulheron@corexpo.com.

Move-in Dates & Times

Sunday, October 13, 2019 2:00 PM - 5:00 PM Monday, October 14, 2019 7:30 AM - 11:00 AM

Show Dates & Times

Monday, October 14, 2019

Exhibit Hall Grand Opening 1:30 PM - 2:30 PM Happy Hour Networking Reception 5:00 PM - 6:30 PM

Tuesday, October 15, 2019

Refreshment Break & Lunch 11:00 AM - 12:30 PM
Afternoon Break 2:15 PM - 3:00 PM

Move-out Dates & Times

Tuesday, October 15, 2019 3:00 PM - 4:30 PM

(Exhibits must be taken down and ready to ship)

Show Site Shipments

Must Arrive Between:

CANNOT SHIP TO SHOW SITE

Advance Warehouse Shipments

September 7 - October 7, 2019

Carriers must be checked in at event site for move-out:

Tuesday, October 15, 2019 3:00 PM - 4:30 PM

About this Exhibitor Kit

As the Official Service Contractor for this exposition, we are enclosing various equipment rental and service order forms for your information and use. In addition to the Fern forms, you may find forms enclosed for services performed by the facility or other suppliers. Please give special attention to see that forms and payments are directed to the address indicated on each order form. Some services may not be provided by Fern.

We realize that exhibiting in a convention can be complicated. If you need assistance or additional information that is not addressed in this Exhibitor Service Manual (ESM), please contact our Exhibitor Services Department.

We look forward to serving you.

Ways to order:

ONLINE*
Login & Place Orders:
oe.fernexpo.com

FAX*

Send completed forms to: Fax: 816.471.1602

MAIL

Send completed forms to:

Fern

751 Wyoming Street Kansas City, MO 64101



fern

Kansas City, MO 64101 Phone: 651.280.4935 Fax: 816.471.1602

751 Wyoming Street

email: jmulheron@fernexpo.com

OptumHealth Education's 28th Annual National Conference

October 14 - 15, 2019 Hilton - Grand Ballroom, Minneapolis, MN 07-13310-19

SAFETY

Standing on chairs, tables or other rental furniture is prohibited. Rental furniture is not made to support standing weight. Fern cannot be responsible for injuries or falls caused by the improper use of furniture. If assistance is required to assemble your exhibit, see a Customer Service Representative at the Fern Service Desk or the Display Labor Service order form included in this Exhibitor Service Manual.

UNION JURISDICTION DISPLAY SET-UP AND DISMANTLE

To assist you in preparing for your show, we would like to share with you some information regarding the jurisdiction of the union. Currently, we have an agreement with the local Stagehand Union to provide for display set-up and dismantling. Full time employees of exhibiting companies may set their own displays without assistance from the Stagehand Union. Fern is the exclusive labor provider at the Hilton Minneapolis Exhibit Hall.

MATERIAL HANDLING

Currently we have a labor agreement with the local Teamsters Union. Exhibitors may deliver their own materials into the exhibit facilities; however, the use or rental of Fern dollies, flat trucks or other mechanical equipment is not permitted. Fern must control access of the loading docks in order to provide for a safe and orderly move-in/out.

Charges for material handling services are reflected on the Material Handling and Freight Service order form included in this Exhibitor Service Manual.

GRATUITIES

Fern requests that exhibitors do not offer gratuities to our employees, as they are paid an excellent wage denoting a professional status. Any request for tips should be brought to the attention of a representative at the Fern Service Desk.

INSURING YOUR PRODUCT

It is understood that Fern is not an insurer, and that insurance, if any, should be obtained by the exhibitor. Please refer to the Limits of Liabilities included in this Exhibitor Services Manual.

Fax: 816.471.1602

email: jmulheron@feexpo.com

OptumHealth Education's 28th Annual National Conference

October 14 - 15, 2019 Hilton - Grand Ballroom, Minneapolis, MN 07-13310-19

Discount Deadline: October 3, 2019

PAYMENT INFORMATION

If you wish to pay online or need to submit your credit card information for authorization, go to: https://oe.fernexpo.com

PAYMENT TERMS

We require 100% payment with Order for rentals, services, tax and anticipated freight. We require a credit card on file prior to acceptance of any Order and accept Visa, MasterCard, and American Express. By providing your credit card number to us via a Payment Authorization form or placing online Orders you agree that we may place your credit card on file to be used for any additional show site services as well as any future purchases. It will stay on file for the duration of the event. Full payment of rental charges must accompany your Order and be received by our office before the applicable deadline date to qualify for any discounted rate. PLEASE NOTE THAT PURCHASE ORDERS'S ARE NOT ACCEPTED AS A FORM OF PAYMENT. All orders received after any applicable discount deadline (indicated on each Order) will be charged at standard rates. A \$20.00 surcharge will be added to your account if any credit charges for services are denied or if any checks are returned.

All invoiced amounts are due upon receipt of invoice. Unpaid accounts after the day of the show will accrue a service charge of .0575% per day (which equates to an annual interest rate of 21%), or the maximum rate allowed by law, whichever is less. You will be responsible for all fees (including reasonable attorneys fees and court costs) incurred by us in connection with the collection of your past-due accounts.

Invoiced amounts are exclusive of any sales, use or other similar taxes. You are solely responsible for payment of any sales, use or other similar taxes due in connection with the performance of this Agreement. If you claim tax exempt status, you must submit a copy of a valid exemption certificate issued by the federal government or the government of the state in which your event is taking place. You are primarily responsible for the payment of all third-party charges. [In the event the exhibiting firm has arranged for an exhibit house or other party to handle the EXHIBITOR's display and be billed for all services, Fern will agree to the third party billing if the exhibit house supplies the appropriate credit card information on the Third Party Payment Authorization form. Advance payment in full must accompany the order including estimated labor and drayage charges. By signing the Third Party Payment Authorization form, the EXHIBITOR agrees that they are primarily responsible for payment of charges. In the event the named third party fails to pay all charges, such charges will be paid by the EXHIBITOR upon submission of an invoice, including any and all fees connected with the collection of this account.]

Copies of invoices may be picked up from the Service Desk prior to show closing. No credit will be given after close of event on items or services ordered but claimed to not have been received. All orders cancelled by you or due to the cancellation of an event or their non-participation may be subject to cancellation fees equal to 50% - 100% of the total order. Such cancellation fees will be set forth on the applicable Order.

PAY BY CHECK

Please mail check including show, booth, and company name, to:

Exhibit

--- C45 III-- C+---+ CI--II---+! OII 45303

BANK WIRE TRANSFER

Send to: Fifth Third Bank, 38 Fountain Square Plaza, Cincinnati, OH 45202, Routing #042000314, Fern Exposition Services LLC Depository, 645 Linn Street Cincinnati, OH 45203, Account #01910004197, SWIFT code - #FTBCUS3C. Reference your Company Name/Show Name/and Booth Number. Add \$50.00 for processing wire transfer.

Material

ORDER TOTALS

Furnishing	Flooring	Rental	Graphics	Labor	Handli	ng	Other	Tax 8.0259	6	Total
					J L					
XHIBITOR INFORM	MATION									
Company Name								Booth #		
ompany name								2000		
Street Address				City			State	Z	ip/Country	
Contact Name				Phone			email			
CDEDIT CARD INFO	DAAATION									
CREDIT CARD INFO	RMATION						1.01.00			
X								epted the Fern Paym grees that Fern may		
								ces/products ordere		
Cardholder Signature										
Cardholder Name - Ple	ase Print				Date	•				
Billing Address				City			State	Z	ip/Country	
Ü				•						
UVISA 🗆	MasterCard	☐ American	Express \Box	Discover						
Account Number						_	F _v	n Doto		N// Codo
							EX	p Date	,	CVV Code
-						_		/	8	

091319-163825



Fax: 816.471.1602 email: jmulheron@fernexpo.com

OptumHealth Education's 28th Annual National Conference

October 14 - 15, 2019 Hilton - Grand Ballroom, Minneapolis, MN 07-13310-19

Discount Deadline: October 3, 2019

THIRD PARTY PAYMENT

If you wish to pay online or need to submit your credit card information for authorization, go to:

https://oe.fernexpo.com

PAYMENT TERMS

We require 100% payment with Order for rentals, services, tax and anticipated freight. We require a credit card on file prior to acceptance of any Order and accept Visa, MasterCard, and American Express. By providing your credit card number to us via a Payment Authorization form or placing online Orders you agree that we may place your credit card on file to be used for any additional show site services as well as any future purchases. It will stay on file for the duration of the event. Full payment of rental charges must accompany your Order and be received by our office before the applicable date to qualify for any discounted rate. PLEASE NOTE THAT PURCHASE ORDERS'S ARE NOT ACCEPTED AS A FORM OF PAYMENT. All orders received after any applicable discount deadline (indicated on each Order) will be charged at standard rates. A \$20.00 surcharge will be added to your account if any credit charges for services are denied or if any checks are returned.

All invoiced amounts are due upon receipt of invoice. Unpaid accounts after the day of the show will accrue a service charge of .0575% per day (which equates to an annual interest rate of 21%), or the maximum rate allowed by law, whichever is less. You will be responsible for all fees (including reasonable attorneys fees and court costs) incurred by us in connection with the collection of your past-due accounts.

Invoiced amounts are exclusive of any sales, use or other similar taxes. You are solely responsible for payment of any sales, use or other similar taxes due in connection with the performance of this

EXHIBITING COMPANY THIRD PARTY PAYMENT AUTHORIZATION

By signing the Third Party Payment Authorization form, the EXHIBITOR agrees that they are primarily responsible for payment of charges. In the event the named third party fails to pay all charges, such charges will be paid by the EXHIBITOR upon submission of an invoice, including any and all fees connected with the collection of this account.

Exhibitor Name (Please Print) EXHIBITING COMPANY INFORMATION Company Name Booth # Street Address City State Zip/Country Contact Name Please indicate the services to be paid by the Third Party All Fern Services Labor Material Handling Furnishings/Flooring/Accessories Other THIRD PARTY INFORMATION Company Name Booth # Street Address City State Zip/Country Contact Name Phone email THIRD PARTY CREDIT CARD INFORMATION Contact Name Phone Phone email THIRD PARTY CREDIT CARD INFORMATION Conditions. Party also agrees that fern may place credit card on file to be us for any additional services/products ordered for the duration of the event. Cardholder Name - Please Print Date VISA MasterCard American Express Discover				
Street Address City State Zip/Country	Exhibitor Signature		Dat	ce
Street Address City State Zip/Country				
Company Name Street Address City State Zip/Country	Exhibitor Name (Please Print)			
Company Name Street Address City State Zip/Country	EXHIBITING COMPANY INFORMATION			
Street Address	EXHIBITING COMPANY INFORMATION			
Phone	Company Name		Boo	oth#
Phone				
Please indicate the services to be paid by the Third Party	Street Address	City	State	Zip/Country
Please indicate the services to be paid by the Third Party				
All Fern Services Labor Material Handling Furnishings/Flooring/Accessories Other	Contact Name	Phone	email	
THIRD PARTY INFORMATION Company Name Booth # Street Address City State Zip/Country Contact Name Phone email THIRD PARTY CREDIT CARD INFORMATION By signing, party has accepted the Fern Payment and Exhibitor Terms and Conditions. Party also agrees that Fern may place credit card on file to be us for any additional services/products ordered for the duration of the event. Cardholder Name - Please Print Date Billing Address City State Zip/Country VISA MasterCard American Express Discover Account Number	Please indicate the services to be paid by the Third Party			
Company Name Street Address City State Zip/Country Contact Name Phone email THIRD PARTY CREDIT CARD INFORMATION X Cardholder Signature Cardholder Signature Cardholder Name - Please Print Date Date Date City State Zip/Country Booth # City State Zip/Country City State Zip/Country Date City State Zip/Country	$\ \square$ All Fern Services $\ \square$ Labor $\ \square$ Material Handling	☐ Furnishings/Flooring/Accessories	Other	
Company Name Street Address City State Zip/Country Contact Name Phone email THIRD PARTY CREDIT CARD INFORMATION X Cardholder Signature Cardholder Signature Cardholder Name - Please Print Date Date Date City State Zip/Country Booth # City State Zip/Country City State Zip/Country Date City State Zip/Country	THIRD DARTY INFORMATION			
Street Address City State Zip/Country Contact Name Phone email THIRD PARTY CREDIT CARD INFORMATION X By signing, party has accepted the Fern Payment and Exhibitor Terms and Conditions. Party also agrees that Fern may place credit card on file to be us for any additional services/products ordered for the duration of the event. Cardholder Name - Please Print Date Billing Address City State Zip/Country VISA MasterCard American Express Discover Account Number	THIRD PARTY INFORMATION			
Street Address City State Zip/Country Contact Name Phone email THIRD PARTY CREDIT CARD INFORMATION X By signing, party has accepted the Fern Payment and Exhibitor Terms and Conditions. Party also agrees that Fern may place credit card on file to be us for any additional services/products ordered for the duration of the event. Cardholder Name - Please Print Date Billing Address City State Zip/Country VISA MasterCard American Express Discover Account Number	Company Name		Ro	oth #
Contact Name	Company Name		500	5tii #
Contact Name				
THIRD PARTY CREDIT CARD INFORMATION X By signing, party has accepted the Fern Payment and Exhibitor Terms and Conditions. Party also agrees that Fern may place credit card on file to be us for any additional services/products ordered for the duration of the event. Cardholder Name - Please Print Date Billing Address City State Zip/Country Account Number	Street Address	City	State	Zip/Country
THIRD PARTY CREDIT CARD INFORMATION X By signing, party has accepted the Fern Payment and Exhibitor Terms and Conditions. Party also agrees that Fern may place credit card on file to be us for any additional services/products ordered for the duration of the event. Cardholder Name - Please Print Date Billing Address City State Zip/Country Account Number				
By signing, party has accepted the Fern Payment and Exhibitor Terms and Conditions. Party also agrees that Fern may place credit card on file to be us for any additional services/products ordered for the duration of the event. Cardholder Name - Please Print Date Billing Address City State Zip/Country Account Number	Contact Name	Phone	email	
Cardholder Signature Cardholder Name - Please Print Date Billing Address City State Zip/Country Account Number	THIRD PARTY CREDIT CARD INFORMATION			
for any additional services/products ordered for the duration of the event. Cardholder Signature Cardholder Name - Please Print Date Billing Address City State Zip/Country Account Number	V		By signing, party has accepted the	Fern Payment and Exhibitor Terms and
Cardholder Signature Cardholder Name - Please Print Date Billing Address City State Zip/Country Discover Account Number	X			
Billing Address City State Zip/Country VISA MasterCard American Express Discover Account Number	Cardholder Signature		for any additional services/product	s ordered for the duration of the event.
Billing Address City State Zip/Country VISA MasterCard American Express Discover Account Number				
□ VISA □ MasterCard □ American Express □ Discover Account Number	Cardholder Name - Please Print	Date	<u> </u>	
□ VISA □ MasterCard □ American Express □ Discover Account Number				
□ VISA □ MasterCard □ American Express □ Discover Account Number	Dilling Address	City	Chaha	7in/Country
Account Number	billing Address	City	State	zip/country
Account Number	☐ VISA ☐ MasterCard ☐ American Ex	press Discover		
		•		<u> </u>
CVV Code	Account Number			CIALC !
			Exp Dat	e CVV Code

091319-163825



Fax: 816.471.1602 email: jmulheron@fernexpo.com

OptumHealth Education's 28th Annual National Conference

October 14 - 15, 2019 Hilton - Grand Ballroom, Minneapolis, MN 07-13310-19

EXHIBITOR TERMS & CONDITIONS

YOU ARE ENTERING INTO A CONTRACT WHICH LIMITS YOUR POSSIBLE RECOVERY IN CASE OF LOSS OR DAMAGE. The terms and conditions set forth below, together with any applicable Order, become a part of the agreement (the "Agreement") between FERN and you, the EXHIBITOR. You are agreeing you have been fully advised, understand completely, and are willing to accept the following terms and conditions. By exhibiting, ordering or receiving goods or services, requiring transportation of goods to or from, or acting as an agent for another exhibitor, at a show which FERN is the service contractor, you accept and agree to be bound by these terms and conditions.

DEFINITIONS

For purpose of this Agreement, "FERN", "we", or "us" means Fern Exposition Services, LLC and its employees, directors, officers, agents, assigns, affiliated companies and related entities including, but not limited to, any subcontractors we may appoint. "EXHIBITOR" or "you" means the EXHIBITOR set forth in an applicable Order, its employees, agents, representatives, and any EXHIBITOR appointed contractor ("EAC"). "Order" means the purchase order, work order or other similar order form accompanying these terms and conditions, which together with these terms and conditions comprise the entire Agreement between FERN and EXHIBITOR.

PAYMENT TERMS:

We require 100% payment with Order for rentals, services, tax and anticipated freight. We require a credit card on file prior to acceptance of any Order and accept Visa, MasterCard, and American Express. By providing your credit card number to us via a Payment Authorization form or placing online Orders you agree that we may place your credit card on file to be used for any additional show site services as well as any future purchases. It will stay on file for the duration of the event. Full payment of rental charges must accompany your Order and be received by our office before the applicable deadline date to qualify for any discounted rate. PLEASE NOTE THAT PURCHASE ORDERS'S ARE NOT ACCEPTED AS A FORM OF PAYMENT. All orders received after any applicable discount deadline (indicated on each Order) will be charged at standard rates. A \$20.00 surcharge will be added to your account if any credit charges for services are denied or if any checks are returned.

To Pay by Check - Please mail check including show, booth, and company name, to: Fern, 645 Linn Street, Cincinnati, OH 45203
We cannot accept checks drawn on foreign banks.

All invoiced amounts are due upon receipt of invoice. Unpaid accounts after the day of the show will accrue a service charge of .0575% per day (which equates to an annual interest rate of 21%), or the maximum rate allowed by law, whichever is less. You will be responsible for all fees (including reasonable attorneys fees and court costs) incurred by us in connection with the collection of your past-due accounts.

Invoiced amounts are exclusive of any sales, use or other similar taxes. You are solely responsible for payment of any sales, use or other similar taxes due in connection with the performance of this Agreement. If you claim tax exempt status, you must submit a copy of a valid exemption certificate issued by the federal government or the government of the state in which your event is taking place.

You are primarily responsible for the payment of all third-party charges. [In the event the exhibiting firm has arranged for an exhibit house or other party to handle the EXHIBITOR's display and be billed for all services, Fern will agree to the third party billing if the exhibit house supplies the appropriate credit card information on the Third Party Payment Authorization form. Advance payment in full must accompany the order including estimated labor and drayage charges. By signing the Third Party Payment Authorization form, the EXHIBITOR agrees that they are primarily responsible for payment of charges. In the event the named third party fails to pay all charges, such charges will be paid by the EXHIBITOR upon submission of an invoice, including any and all fees connected with the collection of this account.]

Copies of invoices may be picked up from the Service Desk prior to show closing. No credit will be given after close of event on items or services ordered but claimed to not have been received. All orders cancelled by you or due to the cancellation of an event or their non-participation may be subject to cancellation fees equal to 50% - 100% of the total order. Such cancellation fees will be set forth on the applicable Order.

FERN'S RESPONSIBILITIES:

We are only responsible for those services which we directly provide to you. We assume no responsibility for any persons, parties or other contracting firms not under our direct supervision and control. We shall not be responsible for loss, delay or damage due to strike, lockouts, work stoppages, natural elements, vandalism, acts of God, civil disturbances, disruptions in the financial or capital markets, power failures, explosions, acts of terrorism or war, or for any other cause beyond our reasonable control, nor for ordinary wear and tear in the handling of materials. We will provide material handling services as your agent, not as bailee or shipper, and shall have no responsibility or obligation thereunder and you accept responsibility thereof.

PACKAGING AND CRATES:

We shall not be responsible for damage to lose or uncrated materials, pad-wrapped or shrink-wrapped materials, glass breakage, concealed damage, carpets in bags or poly or improperly packed materials. In addition, we shall not be responsible for crates and packaging which are unsuitable for handling, in poor condition or have prior damage. Crates and packaging should be of a design to adequately protect contents for handling by forklift and similar means.

STORAGE

We assume no liability for loss or damage to crates or containers or the contents therein while containers are in storage, including but not limited to accessible storage or cold storage. You acknowledge that storage charges are for the use of the space and are not a form of insurance or a guarantee of security

Empty container labels will be available at the show site service desk. Affixing labels to the containers is the sole responsibility of you or your representatives. All previous labels should be removed or obliterated. We assume no responsibility for your failure to follow the above procedures; removal of containers with old empty labels or without FERN labels; shipping of containers with improper information or empty labels; or the removal or disposition of materials stored in containers with empty labels. It is understood that the labels are used for storage of empty containers only and we shall not be liable for loss or damage to any contents while containers are in storage, or for any mislabeled containers.



Fax: 816.471.1602 email: jmulheron@fernexpo.com

OptumHealth Education's 28th Annual National Conference

October 14 - 15, 2019 Hilton - Grand Ballroom, Minneapolis, MN 07-13310-19

SHOW SITE:

You are solely responsible for damage or loss to any rental items in your possession or under your control in connection with your performance hereunder, including but not limited to damage or stains to carpet. Neither you nor your EACs may bring or use any kind of lift on the exhibit floor.

Our working hours are subject to change due to holidays, time of day or night worked, amount of time worked, and specific facility or union guidelines. The normal categories of hourly changes are: straight time, overtime, double time and holiday pay. Such hourly charges shall be set forth on the applicable Order.

INBOUND SHIPMENTS:

Consistent with trade show industry practices, there may be a lapse of time between delivery of shipments to the booth and your arrival or that of your representatives, and during such time the material will be left unattended. We will not be responsible or liable for any loss, damage, theft, or disappearance of your materials after same have been delivered to your booth at the show site.

We shall not be liable for shipments received without individual freight bills, such as UPS, FedEx or other carriers who deliver in bulk and do not wait for shipment count and condition to be verified for individual shipments. Such shipments will be subject to verification and correction of count and condition and our receiving paperwork indicating any exceptions as delivered shall take precedence over shipper's signature of receipt.

OUTBOUND SHIPMENTS & ITEMS LEFT AT SHOW SITE:

Consistent with trade show industry practices, there may be a lapse of time between the completion of packing and the actual pick-up of materials from the booth for loading onto a carrier, and during such time the material will be left unattended. We will not be responsible or liable for any loss, damage, theft or disappearance of your materials before same have been picked up for reloading or delivered to your carrier at the conclusion of the event.

We are not responsible for shipments left in your booth or elsewhere. We will count and ship pieces as we find the shipment(s) when we remove them from the exhibit hall. Circumstances may also warrant these items be sent to a remote facility and shipped from there. You will be responsible for any additional charges that result. You should insure yourself and your equipment and materials against loss or theft. We also recommend that you engage security services from the facility or show management.

All Material Handling Forms submitted to us by you will be checked at the time of pick-up from the booth and corrections will be made where discrepancies exist between the quantities of items on any form submitted to us and the actual count of such items at the booth at the time of pick-up.

We retain the right to dispose of materials left on the show floor without liability if left unattended, left without labels or not correctly labeled. A disposal fee will be charged to your account.

We load materials onto the carrier under directions from the carrier or driver of that carrier. Any loading onto the carrier will be understood to be under the exclusive supervision and control of the carrier or driver of that carrier. We assume no responsibility or liability for loss, damage, theft or disappearance of your materials that is caused by, arises out of or related to improperly loaded materials.

RE-ROUTED FREIGHT:

In order to expedite removal of materials from show site as required by show management and/or the facility, we shall have the authority to change the your designated carrier if that carrier does not pick-up the shipment at the appointed time. Where no disposition is made by you, materials may be taken to a remote location to await your shipping instructions, and/or consigned to carrier of our choice. You agree to be responsible for charges relating to such rerouting and handling.

INSURANCE:

It is understood that FERN is not an insurer. Insurance on exhibit materials, if any, shall be obtained by you, at your sole costs and expense from a third-party insurance provider. You agree to provide, and to cause your insurance carrier to provide, us with a release of subrogation to the extent of any insurance settlement

CLAIMS FOR LOSS

You agree that in order to have a valid claim, notice of loss or damage to materials must be given to us or our agent within 24 hours of occurrence of any incident or prior to show close/removal, whichever is later. All claims reported after such period will be rejected. Such notice must include detail sufficient to identify the materials claimed to be lost or damaged, asserting our liability for alleged loss or damage and documentation indicating the specified or determinable dollar value of the claim. Damage reports, incident reports, inspection reports, notations of shortages or damage on freight bills or other documents do not constitute filing of a claim.

(a) PAYMENT FOR SERVICES MAY NOT BE WITHHELD. In the event of any dispute between you and us related to any loss, damage or claim, you shall not be entitled to and shall not withhold payment or any partial payment due to us as an offset against the amount of any alleged loss or damage. Any claims against us shall be considered separate transactions and shall be resolved on their own merits.

(b) MAXIMUM RECOVERY. If found liable for any loss, our sole and exclusive MAXIMUM liability for loss or damage to your materials and your sole and exclusive remedy is limited to \$0.50(USD) per pound per article with a maximum liability of \$100.00(USD) per item, or \$1,500.00(USD) per occurrence/shipment, whichever is less.

(c) BREACH OF CONTRACT AND/OR NEGLIGENCE ONLY. Our liability shall be limited to any loss or damage which results solely from our gross negligence in the actual physical handling of the items compromising your shipment(s) OR which results from a material breach of this Agreement and not for any other type of loss or damage. In no event shall we be liable to you or to any other party for special, collateral, exemplary, indirect, incidental, consequential or punitive damages, whether such damages occur either prior or subsequent to, or are alleged as a result of, tortuous conduct, failure of our equipment or services or breach of any of the provisions of this Agreement, regardless of the form of action, whether in contract or in tort, including strict liability and negligence, even if we have been advised or has notice of the possibility of such damages, or for any damages caused by your failure to perform your responsibilities. Such excluded damages include but are not limited to loss of profits, loss of use, interruption of business or other consequential or indirect economic issues.



Fax: 816.471.1602 email: jmulheron@fernexpo.com

OptumHealth Education's 28th Annual National Conference

October 14 - 15, 2019 Hilton - Grand Ballroom, Minneapolis, MN 07-13310-19

DECLARED VALUE:

Declarations of declared value are between you and your selected carrier ONLY and are in no way an extension of our maximum liability stated herein. We will use commercially reasonable efforts to transmit the declared value instructions to the selected carrier, however, we will not be liable for any claim arising from the transmittal of, or failure to transmit, declared value instructions to the carriers, nor for the failure of the carrier to uphold the declared value or any other term of carriage.

FACILITIES AND SHOW ORGANIZERS:

You agree and understand that you, your agents and anyone working on your behalf must abide by and adhere to the rules and regulations of the facility being worked at, as well as any rules and regulations implemented by the show organizers.

TERMINATION:

We may terminate this Agreement immediately upon written notice in the event you breach any term or provision hereof. We may also terminate this Agreement for any reason or no reason upon ten (10) days prior written notice to you. In either case, you shall be responsible for any fees or charges incurred prior to the effective date of such termination.

INDEMNIFICATION:

You agree to indemnify, defend and forever hold harmless FERN and our employees, directors, officers and agents from and against any and all demands, claims, causes of action, fines, penalties, damages (including consequential), liabilities, judgments and expenses including but not limited to reasonable attorney's fees and investigation costs on account of personal injury, death, or damage to or loss of property or profits arising out of or contributed by any of the following:

- Your negligent supervision of your personnel (including, but not limited to, any labor secured through us) or the negligent supervision of such personnel by any of your employees, agents, representatives, customers, invitees and/or any EAC.
- Your negligence, willful misconduct, or deliberate act, or the negligence, willful misconduct, or deliberate act of your employees, agents, representatives, customers, invitees and/or any EAC at the show or exposition to which this Agreement relates, including but not limited to the misuse, improper use, unauthorized alteration or negligent handling of our equipment
- Your violation of federal, state, county or local ordinances.
- Your violation of show regulations and/or rules as published and set forth by the facility and/or show management.

WAIVER AND RELEASE:

You agree to waive and release all claims against us with regards to all matters for which we have disclaimed liability pursuant to the provisions of this Agreement.

SEVERABILITY

If any provision of this contract is deemed to be invalid, illegal, or not enforceable, the remainder of this contract shall remain in effect and not be impacted by such findings.

WAIVER:

No waiver by us of any of the provisions of this Agreement is effective unless explicitly set forth in writing and signed by us. No failure to exercise, or delay in exercising, any right, remedy, power or privilege arising from this Agreement operates, or may be construed, as a waiver thereof. No single or partial exercise of any right, remedy, power or privilege hereunder precludes any other or further exercise thereof or the exercise of any other right, remedy, power or privilege.

ASSIGNMENT:

You shall not assign, transfer, delegate or subcontract any of your rights or obligations under this Agreement without our prior written consent. Any purported assignment or delegation in violation of this Section shall be null and void. No assignment or delegation shall relieve you of any of your obligations hereunder. We may at any time assign or transfer any or all of its rights or obligations under this Agreement without your prior written consent to any affiliate or to any person acquiring all or substantially all of our assets.

RELATIONSHIP OF THE PARTIES:

The relationship between the parties is that of independent contractors. Nothing contained in this Agreement shall be construed as creating any agency, partnership, joint venture or other form of joint enterprise, employment or fiduciary relationship between the parties, and neither party shall have authority to contract for or bind the other party in any manner whatsoever.

NO THIRD-PARTY BENEFICIARIES:

This Agreement is for the sole benefit of the parties hereto and their respective successors and permitted assigns and nothing herein, express or implied, is intended to or shall confer upon any other person or entity any legal or equitable right, benefit or remedy of any nature whatsoever under or by reason of this Agreement.

SURVIVAL:

The provisions of this Agreement which by their nature should apply beyond their terms will remain in force after any termination or expiration of this Agreement including, but not limited to, the following provisions: Insurance, Claims for Loss, Indemnification, Governing Law, Jurisdiction and Survival.

AMENDMENT AND MODIFICATION:

This Agreement may only be amended or modified in a writing stating specifically that it amends this Agreement and is signed by an authorized representative of each party.

GOVERNING LAW, JURISDICTION:

This Agreement shall be construed under the laws of the State of Ohio without reference to the conflicts of laws principles thereof. FERN and EXHIBITOR hereby consent to the executive jurisdiction and venue of the federal or state courts located in Hamilton County, Ohio for all actions or suits related to the interpretation or enforcement of this Agreement.



751 Wyoming Street Kansas City, MO 64101 Phone: 651.280.4935 Fax: 816.471.1602

email: jmulheron@fernexpo.com

OptumHealth Education's 28th Annual National Conference

October 14 - 15, 2019 Hilton - Grand Ballroom, Minneapolis, MN 07-13310-19

Discount Deadline: October 03, 2019

ESCRIPTION ed Base Armless Side Chair pholstered Armless Chair pholstered Arm Chair tool - Padded with Back	\$ 6	T RATE ST 34.25 \$ 50.50 \$ 53.75 \$ 30.50 \$	78.75 83.25	\$ \$ \$	AMOUNT
pholstered Armless Chair pholstered Arm Chair	\$ 6	50.50 \$ 53.75 \$	78.75 83.25	\$	
pholstered Arm Chair	\$ 6	53.75 \$	83.25	\$	
tool - Padded with Back	\$ 8	30.50 \$	106.00	\$	
ES (Gray Nebula top)					
SCRIPTION Diameter **CANNOT BE SKIRTED**	DISCOUN	T RATE ST	ANDARD RATE		AMOUNT
B"h Pedestal Table	\$ 6	55.50 \$	85.00	\$	
D"h Pedestal Table	\$ 9	5.75 \$	124.25	\$	
	\$ 9	98.00 \$	130.00	\$	
3"	h Pedestal Table	Th Pedestal Table \$ 69. Th Pedestal Table \$ 9.	Th Pedestal Table \$ 65.50 \$ Th Pedestal Table \$ 95.75 \$	Th Pedestal Table \$ 65.50 \$ 85.00 Th Pedestal Table \$ 95.75 \$ 124.25	Th Pedestal Table \$ 65.50 \$ 85.00 \$ Th Pedestal Table \$ 95.75 \$ 124.25 \$

Yes, I have completed and included the Payment Authorization Form.	Sub Total	\$
If you have any questions or concerns about your invoice, please visit the Fern Exhibitor Service Center at your show/event prior to leaving. No credits or refunds will be issued after close of the	Tax 8.025%	\$
show/event on items and/or services ordered and not received.	Grand Total	\$

Cancellation after deadline date will be charged at 50% of prevailing rate. Cancellation after installation will be 100% of prevailing rate.

Requests made after the deadline will be filled, as available, at the standard rate.

All orders are subject to the terms and conditions as outlined in the Exhibitor Service Manual.

Exhibiting Company Name:		Booth #	
	Form # 01-790		



Fax: 816.471.1602 email: jmulheron@fernexpo.com

OptumHealth Education's 28th Annual National Conference

October 14 - 15, 2019 Hilton - Grand Ballroom, Minneapolis, MN 07-13310-19

Exhibiting Company Name: _

Discount Deadline: October 03, 2019

Chaicas n	not indic	rated will be selected by Fern to coordinate with show colors and size	o of ovh	ihi+				
		LES - 30" high X 2' wide	e or exi	ibit.				
	TEM#	DESCRIPTION	DISC	OUNT RATE	STAN	IDARD RATE		AMOUNT
	223	4'X30" h table skirted 3 sides (select skirt color below)	\$	117.25	\$	152.50	\$	
:	233	6'x30" h table skirted 3 sides (select skirt color below)	\$	131.25	\$	170.75	\$	
	253	8'x30" h table skirted 3 sides (select skirt color below)	\$	150.50	\$	195.75	\$	
	522	Drape 4th side of 30"h table	\$	49.68	\$	64.43	\$	
	222	4'x30" h table not skirted	\$	49.25	\$	62.50	\$	
	232	6'x30" h table not skirted	\$	51.75	\$	67.25	\$	
	252	8'x30" h table not skirted	\$	57.25	\$	74.25	\$	
	Table Skirt Color: ☐ black (04) ☐ blue (06) ☐ gold (08) ☐ gray (09) ☐ green (10) ☐ maroon (11) ☐ plum (19) ☐ red (14) ☐ teal (18) ☐ white (16)							
DISPLA	Ү ТАВ	LE COUNTERS - 40" high x 2' wide						
-•	TEM#	DESCRIPTION		OUNT RATE	STAN	IDARD RATE		AMOUNT
	229	4'X40" h table skirted 3 sides (select skirt color below)	\$	126.25	\$	164.00	\$	
	239	6'x40" h table skirted 3 sides (select skirt color below)	\$	142.00	\$	184.75	\$	
	259	8'x40" h table skirted 3 sides (select skirt color below)	\$	154.75	\$	201.25	\$	
	530	Drape 4th side of 40"h table	\$	50.46	\$	65.46	\$	
	228	4'x40" h table not skirted	\$	53.00	\$	69.00	\$	
	238	6'x40" h table not skirted	\$	58.75	\$	76.25	\$	
	258	8'x40" h table not skirted	\$	65.25	\$	84.50	\$	
		Table Skirt Color: ☐ black (04) ☐ blue (06) ☐ gold ☐ maroon(11) ☐ plum (19) ☐ red (14)			_	en (10) 16)		
TABLET	TOP RI	SERS - 12" wide, Covered White						
	TEM#	DESCRIPTION		OUNT RATE		IDARD RATE		AMOUNT
	270	4' Undraped Riser w/Cover	\$	51.75	\$	67.25	\$	
	272	6' Undraped Riser w/Cover	\$	72.50	\$	94.25	\$	
_	274	8' Undraped Riser w/Cover	\$	94.25	\$	122.50	\$	
		completed and included the Payment Authorization Form. any questions or concerns about your invoice, please visit the Ferr	ı Exhibi	tor Service		Sub Total	\$	
Cen	nter at y	our show/event prior to leaving. No credits or refunds will be issue				ax 8.025%	\$	
sno	-	it on items and/or services ordered and not received.	Cancall	ation after inc		and Total	\$ of previ	ailina rate
Cancellation after deadline date will be charged at 50% of prevailing rate. Cancellation after installation will be 100% of prevailing rate. Requests made after the deadline will be filled, as available, at the standard rate. All orders are subject to the terms and conditions as outlined in the Exhibitor Service Manua								

Form # 01-790

Booth #_

standard furniture rental (accessories & drape



751 Wyoming Street Kansas City, MO 64101 Phone: 651.280.4935

Fax: 816.471.1602

email: jmulheron@fernexpo.com

OptumHealth Education's 28th Annual National Conference

October 14 - 15, 2019 Hilton - Grand Ballroom, Minneapolis, MN 07-13310-19

Discount Deadline: October 03, 2019

ACCESSORIES

TY	ITEM#	DESCRIPTION	DISC	OUNT RATE	STAN	IDARD RATE	AMOUNT
	401	Wastebasket with Liner	\$	23.75	\$	30.75	\$
	407	Easel, Tripod	\$	37.75	\$	49.50	\$
	430	Tensa Stanchion	\$	65.50	\$	85.25	\$
	425	Chrome Vertical Sign Frame 22"W x 28"H	\$	88.25	\$	114.50	\$
	479	2-Arm Bag Stand	\$	57.00	\$	74.25	\$
_	427	Literature Rack	\$	84.50	\$	109.75	\$
	603	4' x 8' Velcro Board (gray only) Horizontal	\$	102.25	\$	134.25	\$
	615	4' x 8' Perforated board panel*	\$	102.25	\$	134.25	\$
		*Select style for Perforated board - Horizontal / Vertical					

CUSTOM BOOTH DRAPING and SKIRTING

Choices not indicated will be selected by Fern to coordinate with show colors and size of exhibit.

QIY	II EIVI #	DESCRIPTION	DISCOU	NIKAIE	STANDA	RD RATE	AMOUNT
	541	Custom Color Siderail Drape, 36" high (per linear foot)	\$	15.00	\$	17.50	\$
		Drape Color: ☐ black (04) ☐ blue (06) ☐ gold (08) ☐ g	ray (09)	☐ green	(10)		
		\square maroon (11) \square plum (19) \square red (14) \square teal	l (80)	\square white	(16)		
	543	Custom Color Background Drape, 8' high (per linear foot)	\$	17.50	\$	20.50	\$
		Drape Color: \square black (04) \square blue (06) \square gold (08) \square g	ray (09)	☐ green	(10)		
		\square burgundy (11) \square purple (19) \square red (14) \square t	eal (18)	☐ white	(16)		

Yes, I have completed and included the Payment Authorization Form.	Sub Total \$	
If you have any questions or concerns about your invoice, please visit the Fern Exhibitor Service Desk at your show/event prior to leaving. No credits or refunds will be issued after close of the	Tax 8.025% \$	
show/event on items and/or services ordered and not received.	Grand Total \$	
Cancellation after deadline date will be charged at 50% of prevailing rate. Cancellation after inst Requests made after the deadline will be filled, as available, at the sto		te.

All orders are subject to the terms and conditions as outlined on the Terms & Conditions Form in the Exhibitor Service Manual.

Exhibiting Company Name:	Booth #
--------------------------	---------

091619-114044



751 Wyoming Street Kansas City, MO 64101 Phone: 651.280.4935

Fax: 816.471.1602 email: jmulheron@fernexpo.com

OptumHealth Education's 28th Annual National Conference

October 14 - 15, 2019 Hilton - Grand Ballroom, Minneapolis, MN 07-13310-19

STANDARD CARPET ONLY - INLINE BOOTHS ONLY

10 ft v 10 ft Ctandard Carnet

ITEM # DESCRIPTION

Discount Deadline: October 03, 2019

AMOUNT

Click here to view carpet color samples

STANDARD CARPET

SELECT

Standard carpet is a 13 oz. carpet available in 10 colors in 10 ft. width. Standard carpet price includes rental, installation, removal and front edge taping only. If additional color options are desired, refer to the Custom Plush Carpet Rental form.

DISCOUNT RATE STANDARD RATE

210.00

160 00

ш	301	10 It. x 10 It. Standard	Carpet		Ş	108.00	Ş	219.00	<u> </u>
	302	10 ft. x 20 ft. Standard	Carpet		\$	338.00	\$	438.00	\$
	303	10 ft. x 30 ft. Standard	Carpet		\$	507.00	\$	657.00	\$
	304	10 ft. x 40 ft. Standard	Carpet		\$	676.00	\$	876.00	\$
□ BI	ack (04)	Ocean (OC)	☐ Ruby (RU)		Gray	(09)		Red (14)	☐ Evergreen (41)
COMF	PLETE ARE	EA (requires a minimum	order of 100 sq. f	:.) - ISLAND A	ND F	PENINSULA I	воот	HS	
Please	select ont	ion(s) below and calculate	square footage.		ı	Prices below a	are nei	r sa. ft.	
QTY	ITEM #	DESCRIPTION	SQUARE FOOT	AGE		COUNT RATE	•	IDARD RATE	AMOUNT
	314	Standard Carpet	ft. xft.	=sq. ft	\$	1.69	\$	2.19	\$
	350	Padded Area Size	ft. xft.	=sq. ft.	\$	1.20	\$	1.56	\$
	360	Plastic Covering	ft. xft.	=sq. ft	\$	0.96	\$	1.25	\$
	If you have Service Ce	completed and included the fee any questions or concerns a nter at your show/event prione show/event on items and/e	bout your invoice, ple r to leaving. No credi	ease visit the Fer ts or refunds wi			Ta	Sub Total ax 8.025%	\$ \$ \$
	Cancella	· ·	e charged at 50% of proposed after the deadline of the terms and	will be filled, as	availd	able, at the star	ndard r	ate.	of prevailing rate.
Exhibi	iting Com	pany Name:		Form # 03-79	90			В	ooth #



751 Wyoming Street Kansas City, MO 64101 Phone: 651.280.4935 Fax: 816.471.1602

email: jmulheron@fernexpo.com

OptumHealth Education's 28th Annual National Conference

October 14 - 15, 2019 Hilton - Grand Ballroom, Minneapolis, MN 07-13310-19

Discount Deadline: October 03. 2019

FOUR COLOR DIGITAL SIGNS

Exhibiting Company Name: _

Click here for Graphics Submission Guidelines

Prices indicated are based upon process color printing, mounting and laminating on showcard or foam core. Signs other than sizes listed will be prepared on a sq. ft. basis, rounded to the nearest 1/2 ft. x 1/2 ft. Minimum order is \$30.00.

Emblems, trademarks, logos, special style lettering, etc., are inclusive of the above prices. Please go to our graphics submission guidelines for additional information. If you have any questions on formats supported please contact Fern Exposition and Event Services.

QTY	ITEM#	DESCRIPTION	DISC	OUNT RATE	STAN	IDARD RATE	AMOUNT		
<u>-</u>	863 865 873 875 881	11" x 14" Digital 14" x 22" Digital 22" x 28" Digital 28" x 44" Digital 48" x 96" Digital	\$ \$ \$ \$	15.40 30.80 61.60 123.20 319.20	\$ \$ \$ \$	20.02 40.04 80.08 160.16 414.96	\$ \$ \$ \$ \$		
Color	of Back	Foam core x = sq ft (price is per sq ft) Sentra x = sq ft (price is per sq ft) SGL Banner x = sq ft (price is per sq ft) DBL Banner x = sq ft (price is per sq ft) ground:	\$ \$ \$	0.10 0.15 14.40 22.20	\$ \$ \$	0.13 0.20 19.30 28.95	\$ \$ \$		
Color of Lettering: Sign Orientation:									
I	f you have Center at y	completed and included the Payment Authorization Form. e any questions or concerns about your invoice, please visit the Fern E rour show/event prior to leaving. No credits or refunds will be issued int on items and/or services ordered and not received.	after	close of the	Ta	Sub Total ax 8.025% rand Total	\$ \$ \$		
	No refund on orders cancelled after the deadline date. Requests made after the deadline will be filled, as available, at the standard rate. All orders are subject to the terms and conditions as outlined in the Exhibitor Service Manual.								

091619-115256

Booth #



Fax: 816.471.1602 email: jmulheron@fernexpo.com

OptumHealth Education's 28th Annual National Conference

October 14 - 15, 2019 Hilton - Grand Ballroom, Minneapolis, MN 07-13310-19

Discount Deadline: October 03. 2019

CLEANING SERVICES

VACUUM/SHAMPOO/MOP

All rental carpets ordered from Fern Exposition and Event Services are installed in clean condition. Any cleaning service required within your booth space for debris accumulated during set-up and exhibit hours should be ordered below. Cleaning will be done each evening. Any cleaning service required within your booth the following morning will result in a re-vacuum charge of \$0.21 per sq. ft. There will be an additional charge for cleaning carpets that are subjected to excessive wear and tear such as wood or metal shavings generated by demonstrations, food sampling, landscape, etc.

All rates are based on the total square footage of your exhibit space (100 sq. ft. minimum)					Prices below are per square foot		
9	903	Vacuum - DAILY of carpet, empty wastebaskets before initial opening of exhibit and daily thereafter.		\$	(Per Day)	0.45	
ESTIMA [*]	TED C	LEANING SERVICE COST					
Exhibit Sp	oace:	ft. X ft. = sq. ft. (100 sq. ft. minimum) X \$ per	sq. ft. X (days = \$_		_	
		completed and included the Payment Authorization Form. any questions or concerns about your invoice, please visit the Fern Exhibitor Service	Sub Total	<u> </u>			
Cent	er at y	our show/event prior to leaving. No credits or refunds will be issued after close of the	Tax 8.025%				
show	v/even	t on items and/or services ordered and not received. Cancellation of any portion of cleaning order after deadline date will be charge Requests made after the deadline will be filled as work force is avai All orders are subject to the terms and conditions as outlined in the Exhibitor	ilable.	\$			
Exhibitir	ng Co	mpany Name:		Booth #	<u> </u>		
	.5 00	Form # 09-790					



Fax: 816.471.1602 email: jmulheron@fernexpo.com

OptumHealth Education's 28th Annual National Conference

October 14 - 15, 2019 Hilton - Grand Ballroom, Minneapolis, MN 07-13310-19

Deadline to Return this Form: September 19, 2019

You are required to use this form ONLY if you are planning install and/or dismantle your exhibit. Please refer to the fo	- ·	
YES, we will be using an independent Display House	Contractor to install / dismar	ntle our display.
Name of Display House:		
Address:Street	City/State	Zip Code
Telephone:	Fax:	
Email:		
Display House Contact Name:		
I have notified our Independent Display House Contractor submit a Certificate of Insurance to the Official Show Cont deadline date shown above.		•
Print or Type Name		
Signature		Date
Exhibiting Company Name:		Booth #



Fax: 816.471.1602 email: jmulheron@fernexpo.com

OptumHealth Education's 28th Annual National Conference

October 14 - 15, 2019 Hilton - Grand Ballroom, Minneapolis, MN 07-13310-19

Policy Regarding Official Service Contractor and Regulation for Exhibitor Appointed Display House Contractors to Install and Dismantle Displays

Show Management, acting on behalf of all exhibitors and in the best interest of the exposition, has appointed an Official Service Contractor to perform and provide necessary services and equipment.

The Official Service Contractor is appointed to:

- a. Insure the orderly and efficient installation and removal of the overall exposition,
- b. Assure the distribution of labor to all Exhibitors according to the need,
- c. Provide sufficient labor to satisfy the requirements of Exhibitors and for the exposition itself,
- d. See that the proper type and limits and insurance are in force, and
- e. Avoid any conflict with local union and/or exhibit hall regulations and requirements.

The Official Service Contractor will provide all usual trade show service, including labor. Exceptions are:

- f. Supervision may be provided by the Exhibitor,
- g. The Exhibitor may appoint an outside independent contractor for installation and dismantle only of the Exhibitor's display.

Exhibitors may employ the service of independent contractors to supervise the installation and dismantle of their display, providing that the Exhibitor and the installation and dismantling contractor comply with the following requirements:

- 1. The Exhibitor, in writing, must notify Show Management and Fern Exposition and Event Services of their intention to utilize an independent contractor no later than the given deadline date, furnishing the name, address and telephone number of the firm. Letters as such from independent contractors are neither valid nor acceptable.
- 2. Only the exhibitor named independent contractor's employees will be authorized on the show floor. Employees of third parties named or subcontracted by the Exhibitor named independent contractor will not be authorized admittance on the show floor unless those employees are named and badges as specified in the following article.
- 3. The independent contractor must furnish Show Management and Fern Exposition and Event Services with the names of all on-site employees who will be working on the exposition floor prior to the first move-in day and see that they have and wear at all times identification badges supplied by the independent contractor containing the independent contractor name, employee name, and Exhibitor company name, plus wear an exhibitor work pass supplied by Show Management.
- 4. The independent contractor must have all business licenses, permits and Worker's Compensation insurance required by the State and City government and the Convention Center Management prior to commencing work and shall provide Show Management and Fern Exposition and Event Services with evidence of compliance.
- 5. The independent contractor must carry a minimum of \$1,000,000.00 in Commercial General Liability Insurance and shall provide Show Management and Fern Exposition and Event Services with a certificate of insurance showing coverages and amounts and naming the sponsor, Fern Exposition and Convention Center as coinsured.
- 6. The independent contractor must follow the scheduled work times or pay any additional costs incurred because of extended work hours.
- 7. The independent contractors may not solicit business on the exhibit floor.
- 8. The independent contractors must confine their operation to the exhibit area of their clients. No service desks, storage areas or other work facilities will be located anywhere else in the building. The show aisles and public spaces are not part of the Exhibitor's booth space.
- 9. The independent contractors must comply with all labor agreements and practices and must not commit or allow to be committed by persons in their employment any acts that could lead to work stoppages, strikes or labor problems.
- 10. The exposition floor, aisles, loading docks, service and storage areas will be under the control of the Official Service Contractor, Fern Exposition and Event Services. The independent contractors must coordinate all of their activities with Fern Expositions.
- 11. For services such as electrical, plumbing, telelphone, floral, booth cleaning and drayage, no contractor or supplier other than the Official Service Contractor/Supplier will be approved. This regulation is necessary because of licensing, insurance, and work done on equipment and facilities owned by parties other than the Exhibitor. Exhibitors shall provide only the material and equipment they own and is to be used in their exhibit space.



Fax: 816.471.1602 email: jmulheron@fernexpo.com

OptumHealth Education's 28th Annual National Conference

October 14 - 15, 2019 Hilton - Grand Ballroom, Minneapolis, MN 07-13310-19

Deadline to Return this Form: October 03, 2019

INSTALLATIO	N & DISN	MANTLE LAB	OR SERVICES						
Plan A (Supe	rvised by	Fern)					Installation La	bor Rate	
1001	Labor for I	nstallation	# of Laborers R	eq:	_ Est. Hours: _		Straight Time	\$	89.00
1003	Labor for I	Dismantle	# of Laborers R	eq:	_ Est. Hours: _		Over Time	\$	147.00
30%	charge for	Fern Supervise	d services with a r	ninimum of	\$ 89.00				
Profession	ally trained	personnel are u	sed on installatio	n/dismantle, a	nd when possi	ble, all work is			
•	d on straight			Dhana					
				_ Phone:			Minimum charge of hour increments at	•	-
Plan B (Supe	•		•				Time: 8:00 AM - 4:	•	_
	Labor for I		# of Laborers R		_		Overtime: Before 8 Monday - Friday, a	•	-
			Гіте:				and Holidays. Cha		=
		Dismantle					based on prevailing materials	g rates of labor a	nd
			Гіте:				materials		
							For information ar	nd cost relative to	n
	isplay Lab	or Cost for A	dvanced Payr	nent			unloading and relo		
Installation:		X	Χ	=	\$		Material Handling form enclosed.	& Freight Service	Order .
ottuight time _	# of Laborers	# of Hours	X# of Days	Total Straight T	ime hours	Estimated Cost	joini cheloscu.		
Over time		х	х	=	\$				
	# of Laborers	# of Hours	# of Days	Total Over Tir	ne hours	Estimated Cost	Your company is en	-	•
							insurance covering or loss associated v		_
							Exposition & Event		
Plan A - Add	30%	for Fern Exp	oosition Supervi	sion	\$_		responsible for inju damage or loss of o	-	
Dismantle:		v	v	_	¢		of Fern Exposition		
Straight time	# of Laborers	# of Hours	# of Days	Total Straight	ープ Fime hours	Estimated Cost	limited to a maxim labor bill, not to ex		
Over time		X	Χ	=	Ś		important that exh	ibit representati	ve check
_	# of Laborers	# of Hours	# of Days	Total Over Tir	me hours	Estimated Cost	in at the Fern Exhib up labor ordered. E		-
							also check the labo	•	
							Exhibitor Service Co work. All work is to		letion of
Plan A - Add	30%	for Fern Su	pervision		\$		supervision of the		
							representative.		
			availability of lab e Payment Autho				Sub Total	\$	
•	•		s about your invo		t the Fern Exh	ibitor Service	Sub Total	· —	
	•	•	eaving. No credite ordered and not		ill be issued af	ter close of the	Crand Total	Ċ	
-		-			rt will be chard	ned one hour minim	Grand Total oum per man of applic	\$ able hourly rate	
24		Re	quests received a	ter deadline d	ate will be fille	d as work force is a	vailable.		
		All oraers (ire subject to the	terms and con	uitions as outli	ned in the Exhibitor	Service ivianual.		
Exhibiting Co	ompany N	lame:					В	ooth #	
					orm # 10-790				



091619-115256



751 Wyoming Street Kansas City, MO 64101 Phone: 651.280.4935

Fax: 816.471.1602 email: jmulheron@fernexpo.com

OptumHealth Education's 28th Annual National Conference

October 14 - 15, 2019 Hilton - Grand Ballroom, Minneapolis, MN 07-13310-19

Deadline to Return this Form: October 3, 2019

BO			

imensions of your booth. Mark Blectrical (for Non-Standard I					Scale:	
Hanging Signs Show Cases Panelboard Special Colored Drape Standard Exhibit System Hardwall Exhibit System (incl		atwall)			(i.e., 1	square = 1 foot)
	Back of booth (in	dicate adjacen	t booth or ais	e number) _.		
						-
Indicate adjacent booth or aisle number						Indicate adjacent booth or aisle number
						-
	Front of booth (in	dicate adjacer	at hooth or ais	le number)		
Yes, I have completed and incluing you have any questions or concredits or refunds will be issue	ided the Payment Autho	orization Form. Dice, please visi	the Fern Exhib	itor Service C	enter at your sh	ow/event prior to leaving. No
All o	rders are subject to the	terms and condi	tions as outlined	d in the Exhib	itor Services Mar	nual.
xhibiting Company Name: _						Booth #



751 Wyoming Street Kansas City, MO 64101 Phone: 651.280.4935 Fax: 816.471.1602

email: jmulheron@fernexpo.com

OptumHealth Education's 28th Annual National Conference

October 14 - 15, 2019 Hilton - Grand Ballroom, Minneapolis, MN 07-13310-19

Deadline to Return this Form: October 03. 2019

MATERIAL HANDLING

Exhibiting Company Name: _

Rates below include receipt of your freight; delivery to the booth; storage and return of empty crates; and reloading. Rates are based on per shipment basis. A shipment is considered freight received from one shipping origin on one day. Each separate delivery is considered a separate shipment.

A 100 lb. minimum charge per shipment applies.

ADVANC	E WAREHOUSE SHIPMENTS				
Category	Description	Rat	e per cwt	Mir	nimum Charge
Α	Boxed, crated or skidded shipment via common carrier	\$	83.00	\$	83.00
В	Boxed, crated or skidded shipment via specialized carrier (van lines, POV, Fed Ex, UPS or USPS) $$	\$	126.00	\$	126.00
L	Late surcharge for shipment received after 10/7 Via common carrier	\$	28.00	\$	28.00
М	Late surcharge for shipment received after 10/7 Via specialized carrier/small pkg	\$	22.00	\$	22.00
Т	Small package shipment not exceeding 35 lbs per shipment (not per box)	\$	50.00/sr	mall pa	ckage shipment

PLEASE COMPLETE THE ESTIMATED MATERIAL HANDLING CALCULATION PAGE AND SUBMIT WITH PAYMENT BY DEADLINE DATE.

Yes, I have completed and included the Payment Authorization Form.
If you have any questions or concerns about your invoice, please visit the Fern Exhibitor Service Center at your show/event prior to leaving.
No credits or refunds will be issued after close of the show/event on items and/or services ordered and not received.
All orders are subject to the terms and conditions as outlined in the Exhibitor Services Manual.

ц
C
~
۲.
_
U
_
S
_
σ
ح

Booth #

091619-112527



751 Wyoming Street Kansas City, MO 64101 Phone: 651.280.4935

Fax: 816.471.1602

email: jmulheron@fernexpo.com

OptumHealth Education's 28th Annual National Conference

October 14 - 15, 2019 Hilton - Grand Ballroom, Minneapolis, MN 07-13310-19

Deadline to Return this Form: October 03, 2019

MATERIAL HANDLING GUIDELINES

- 1. The Advance Warehouse will ONLY accept packaged shipments, including crates, boxes and skids. Uncrated or unwrapped pieces should be sent DIRECTLY to the CONVENTION FACILITY to arrive AFTER 8:00AM on the first day of exhibitor installation.
- 2. Rates are based on per shipment basis. A shipment is considered freight received from one shipping origin on one day. Each separate delivery is considered a separate shipment. Additional charges may apply if your shipment does not arrive/depart during the designated move-in/out times.
- 3. Complete terms and conditions are outlined in the Terms & Conditions.

Advance Warehouse Receiving Hours: 8:00 AM - 3:30 PM - Monday through Friday

SHIPPING ADDRESSES

ADVANCE WAREHOUSE

Label each piece of shipment(s) as follows:

(Exhibiting Company Name)

c/o Fern Exposition

YRC

12400 Dupont Avenue South Burnsville, MN 55337

OptumHealth Education's 28th Annual

National Conference

(Booth #)

Shipments must arrive by: Monday, October 7, 2019

ESTIMATED FREIGHT PAYMENT CALCULATION

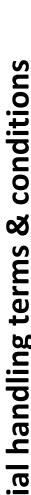
Enter estimated total pounds of all your shipments by rounding up each total shipment weight to the nearest 100 pounds (i.e., 530 lbs of any number of pieces would be figured as 600 lbs), any shipment with a total of 200 lbs or less should be calculated at the 200 lb minimum.

CANNOT SHIP TO SHOW SITE

	Category	# of pieces	Weight (200 lb Min.)	Rate	E	stimated Total
Shipment 1				X	= \$	
Shipment 2				X	= \$	
Shipment 3				X	= \$	
Shipment 4				X	= \$	
Shipment 5				X	= \$	
· ·	npleted and included the Pa	•		rvice Desk at	Sub Total	\$
your show/event	prior to leaving. No credit vices ordered and not recei	s or refunds will be issu			Grand Total	\$

All shipments are subject to the terms and conditions as outlined on the Terms & Conditions Form in the Exhibitor Service Manual.

Exhibiting Company Name:	Booth #





Fax: 816.471.1602 email: jmulheron@fernexpo.com

OptumHealth Education's 28th Annual National Conference

October 14 - 15, 2019 Hilton - Grand Ballroom, Minneapolis, MN 07-13310-19

STRAIGHT TIME RATES QUOTED are for Monday through Friday 8:00am - 4:00pm. Freight handled on OVERTIME, before 8:00am and after 4:00pm on weekdays and on Saturday, Sunday or a Holiday, an additional 25% per cwt will be charged.

RATES APPLY to each pound subject to the published minimum weight and are based on the actual or estimated INBOUND weight. No allowance will be made for attrition during the convention. Each shipment is considered separately. NO cumulative weights will be allowed on minimums, split shipments, free astrays, etc. Special service rates will not be split for mixed shipments.

SHIPMENTS OR EQUIPMENT REQUIRING SPECIAL HANDLING at the convention facility will be subject to a surcharge as indicated on the freight rate schedule. This classification shall be applied to, but not limited to, van shipments or shipments which are packed in such a manner as to require unloading by hand (i.e. loose display parts, uncrated equipment not delivered on a flat bed truck, etc.). Material will be unloaded from vans, exhibitor's truck or trucks of others at the convention facility, delivered to the exhibitor's booth, picked up at the close of the show, moved to the loading area and reloaded on trucks. It is incumbent on the exhibitor to provide written and accurate weight information on each shipment. Shipments received without receipts or freight bills such as UPS or U.S. Mail will be delivered to the booth without guarantee of piece count or condition. No liability will be assumed for such shipments.

SPECIAL SERVICES AND RATES - Fern Exposition & Event Services will provide steel banding services at \$1.00 per In. ft. as well as shrink wrap services for packaging of displays and equipment at \$50.00 per skid-shrink wrap. Please see the Fern Exposition & Event Services Desk. Forklifts and drivers are available for spotting equipment in the booth at prevailing rates for equipment and labor. Mobile equipment will be moved in and out of the exhibit facility for \$200.00 per round trip.

COLLECT SHIPMENTS may be refused or accepted at the option of Fern Exposition & Event Services. In cases where Fern Exposition & Event Services elects to receive such shipments, the responsible exhibitor or shipper will be notified immediately and payment in full for all charges due must be wired to Fern Exposition & Event Services within 24 hours. A twenty-five percent (25%) special service will be added to the freight bill for handling any consignments under these conditions. A \$10.00 MINIMUM fee will apply to this service

HAULING TO OR FROM LOCAL FACILITIES will be charged at prevailing hourly rates. In addition, appropriate weight charges for services rendered in accordance with the freight rate schedule will be applied.

INBOUND AND OUTBOUND TRAFFIC SCHEDULES are the responsibility of Fern Exposition and Event Services. To assure orderly and expeditious handling of exhibit material into and out of the convention hall, it is suggested that exhibitors, including local companies, clear all movement of exhibit material through Fern Exposition & Event Services, who is prepared to handle local pick-ups and deliveries on a coordinated schedule. In order to minimize congestion and comply with union requirements, all shipments should be channeled through Fern Exposition & Event Services.

EXHIBITS TO BE STORED will be charged at a rate of \$1/lb per month, with a minimum monthly rate of \$150.00 or fraction thereof. No charge for storage will be made for inbound shipments when received 30 days prior to the show.

EXHIBIT LOSS OR DISAPPEARANCE - Please refer to Terms and Conditions (TC-01 and TC-02) in this Exhibitor Services Manual.

DISPUTES - Please refer to Terms and Conditions (TC-01 and TC-02) in this Exhibitor Services Manual

INSURANCE - Please refer to Terms and Conditions (TC-01 and TC-02) in this Exhibitor Services Manual.

EXHIBIT MATERIAL RUSH

ADVANCE WAREHOUSE

To:		
	(Exhibiting Company Name)	
c/o Fern		
YRC		
12400 Du	pont Avenue South	
Burnsville	e, MN 55337	

OptumHealth Education's 28th Annual National Conference

Booth Number:	

Must Arrive By: Monday, October 7, 2019



EXHIBIT MATERIAL RUSH ADVANCE WAREHOUSE

To:

10		
	(Exhibiting Company Name)	
c/o Fern		
YRC		
12400 Du	pont Avenue South	
Burnsville	. MN 55337	

OptumHealth Education's 28th Annual National Conference

ooth Number:	

Must Arrive By: Monday, October 7, 2019





Freedom Shipping

The only package that includes **Material Handling** and **Priority Empty Return**, so you can get home as fast as possible.



HOME PICKUP



SHOW SITE DROPOFF



SHOW FLOOR DELIVERY



PRIORITY EMPTY RETURN

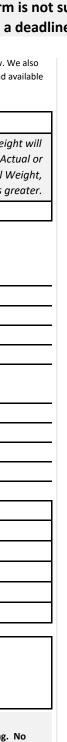


RELOAD & SEND HOME

Book your shipment now!

Call 816-986-9829 Email cspare@fernexpo.com

fern



inbound exhibit transportation - fern transportation



751 Wyoming Street Kansas City, MO 64101 Phone: 651.280.4935

Fax: 816.471.1602 email: jmulheron@fernexpo.com

OptumHealth Education's 28th Annual National Conference

October 14 - 15, 2019 Hilton - Grand Ballroom, Minneapolis, MN 07-13310-19

This form is not subject to a deadline date

FERN TRANSPORTATION

Fern offers personalized service with a representative who is an expert in exhibit transportation and is familiar with all details pertaining to each tradeshow. We also provide pre-printed labels and shipping documents for inbound and outbound shipments. For your convenience, our representative will be on show site and available to assist with all your transportation needs.

Note: If Fern Transportation is not your freight carrier, please do not return this form.

SERVICE SELECTION (select the following)						
Level of Service: Ground	2nd Day Air	Next Day Air	Note: Air Freight will			
Special Handling: Lift-Gate	Residential Pick-up	Inside Pick-up	be billed on Actual or			
Declared Value:	Insurance cost (min. \$100): \$4	1.25 per \$100.00	Dimensional Weight, whichever is greater.			
For a quote, please contact Fern Transportation at: Toll Free: 888.513.1984 / Local: 513.823.2770 / Fax: 513.823.2771						
	Advance Warehouse	Show Site				
PICK UP ADDRESS PICK-UP DATE:	Autunee Wareneuse	FACILITY HOURS:				
Company Name:		TACIEIT HOOKS.				
Contact Name:						
Address:		7in Codo				
City: State		Zip Code:				
Email:	Phone:					
BILL TO ADDRESS						
Company Name:						
Contact Name:						
Address:						
City: State		Zip Code:				
Email:	Phone:					
EXHIBITOR SHIPMENT AUTHORIZATION	PACKAGE DESCRIPTION					
Signature X	Pkg #1 Description:	E	st. Wt.:			
Printed Name	Pkg #2 Description:	E	st. Wt.:			
Emergency/Mobile Phone #	Pkg #3 Description:	E	st. Wt.:			
By signing Exhibitor Shipment Authorization below, you and/or company agree to payment terms	Pkg #4 Description:	E	st. Wt.:			
& conditions (listed in the show Exhibitor Services Manual), limits of liability (listed above) and authorizes Fern to use any payment method on file (including credit cards). All shipping charges	Pkg #5 Description:	E	st. Wt.:			
and weights are estimates until the shipment is delivered.		Total Estimated V	Neight:			
SPECIAL INSTRUCTIONS						
Yes, I have completed and included the Payment Authoriza If you have any questions or concerns about your invoice credits or refunds will be issued after close of the show/e	, please visit the Fern Exhibitor	ordered and not received.	ent prior to leaving. No			
Exhibiting Company Name:			Booth #			

091619-110639





751 Wyoming Street Kansas City, MO 64101 Phone: 651.280.4935 Fax: 816.471.1602

email: jmulheron@fernexpo.com

OptumHealth Education's 28th Annual National Conference

October 14 - 15, 2019 Hilton - Grand Ballroom, Minneapolis, MN 07-13310-19

Deadline to Return this Form: October 03. 2019

INBOUND SHIPMENT INFORMATION - FOR EVENT

Shipment 1		
Shipper:		
City:	State:	Zip Code:
Date Shipped: Arrival Date:		_
Carrier:	PRO #:	
Total # of pieces: Total weight:	-	
Shipped to (check one): ☐ Advance Warehouse ☐ Direct to	Show Site	
Shipment 2		
Shipper:		
City:		
Date Shipped: Arrival Date:		_
Carrier:	PRO #:	
Total # of pieces: Total weight:	-	
Shipped to (check one): ☐ Advance Warehouse ☐ Direct to	Show Site	
Shipment 3		
Shipper:		
City:	State:	Zip Code:
Date Shipped: Arrival Date:		_
Carrier:	PRO #:	
Total # of pieces: Total weight:		
Shipped to (check one): ☐ Advance Warehouse ☐ Direct to	Show Site	
Yes, I have completed and included the Payment Authorization Form. If you have any questions or concerns about your invoice, please visit the credits or refunds will be issued after close of the show/event on items		
All orders are subject to the terms and	l conditions as outlined in the	Exhibitor Kit.
Exhibiting Company Name:		Booth #

inbound shipment information



Fax: 816.471.1602 email: jmulheron@fernexpo.com

OptumHealth Education's 28th Annual National Conference

October 14 - 15, 2019

Hilton - Grand Ballroom, Minneapolis, MN 07-13310-19

07-13310-19					
IMPORTANT INSTRUCTIONS					
Every shipment must be labeled	and requires a Fern Bill of Lad	ing (BOL) for each destination.			
1. Exhibitor must complete requ	est form and return before she	ow close			
2. Fern will create a BOL and shipping labels that will be printed 3. BOL and shipping labels will be delivered to your booth or held at the Service Center. # of Labels Needed					
3. BOL and shipping labels will be	•		# Of Lat	jeis Needed	
4. Exhibitor must properly pack of 5. Exhibitor must return the sign			Carrie	r Requested	
_		vitii piece courit and est. weight			
CARRIER SELECTION (select o					
Fern Transportation	Common Carrier	Expedited Carrier		Truck/POV	Van Line
Level of Service:	Ground	2nd Day Air	Next Day	Air	Note: Air Freight will be billed on Actual or
Special Handling:	Lift-Gate	Residential Delivery	Inside Deli	ivery	Dimensional Weight,
Declared Value (optional):		Insurance cost (min. \$100): \$4.			whichever is greater.
All Carriers	must be checked-in by	time and location publish	ed in the Exhibi	tor Service	Manual
SHIP TO ADDRESS					
Company Name:					
Contact Name:					
Address:					
City:	State	::	Zip Co	de:	
Email:		Phone:			
BILL TO ADDRESS					_
Company Name:					
Contact Name:					
Address:					
City:	State	::	Zip Co	de:	
Email:		Phone:			_
EXHIBITOR SHIPMENT AU	THORIZATION	PACKAGE DIMENSIONS			_
Signature X		Pkg #1 Dimensions:		Est.	Wt.:
Printed Name		Pkg #2 Dimensions:		Est.	Wt.:
Emergency/Mobile Phone #		Pkg #3 Dimensions:		Est.	Wt.:
By signing Exhibitor Shipment Authorization below, & conditions (listed in the show Exhibitor Services M		Pkg #4 Dimensions:	Est. Wt.:		Wt.:
authorizes Fern to use any payment method on file (and weights are estimates until the shipment is deliv		Pkg #5 Dimensions:	Est. Wt.:		. Wt.:
			Total E	stimated We	eight:
SPECIAL INSTRUCTIONS					
Yes, I have completed and in	·				
• • • • • • • • • • • • • • • • • • • •	•	, please visit the Fern Exhibitor	•	·=	nt prior to leaving. No
	•	event on items and/or services or rms and conditions as outlined in			
	All orders are subject to the te	ims una conaitions as outlinea li	ז נוופ באוווטונטו ספרעונ	.e iviuituut.	
Fuhihiting Comments No.					Dooth #
Exhibiting Company Name	si				Booth #

091619-110639



Hilton Minneapolis Exhibitor Order Form (Power-Internet-Audio/Video)

Hilton Minneapolis 1001 Marquette Ave Minneapolis, MN 55403

Phone: 612.397.4908 Con	npleted forms can be returned b	y Email to tjanders	son@psav.com
--------------------------------	---------------------------------	----------------------------	--------------

CUSTOMER INFORMATION:										
Company Name:		Show N	Show Name:					Booth#:		
Company Address	Company Location (City, State)	Compar	ny Zip	Code						
Onsite Contact Name:	Contact Email Address:	Show D	ates:							
Telephone Number:										
	A PSAV representative will call ye	ou to	СО	nfirn	ı yoı	ır order	and accep	t pay	<u>men</u> t.	
SERVICE DESCRIPTION *All Prices are listed on a per day rate	İ	QTY	х	Days	х		Daily Rate	=	ТОТА	L
SHARED Bandwidth Internet Services										
Initial Wireless Connection (Sing	le Public IP address)		v		_x		\$17.00	=		
Initial Wired Connection (Single		\vdash	X						•	
- Additional Wired Connection (Single	'	Н	X		x		\$170.00	=	-	
	(Single Fublic IF address)		Х		x		\$45.00	_	-	
DEDICATED Bandwidth Internet Services										
1 Megabyte of Wireless Bandwid	th (Mbps)	Н	Х		x _		\$355.00	=	-	
3 Megabyte of Wireless Bandwid	th (Mbps)	Ш	Х		x		\$1,060.00	=	-	
Equipment Rental			v		JVI		\$220.00	=	_	
PC Laptop 20-22" Flat Panel Computer Moni	tor (16:9 aspect ratio)	Н	X		x x		\$125.00	=	-	
46"-52" Flat Panel TV Monitor on			x		x -		\$465.00	=	_	
DID (direct inward dial) phone line			х		x		\$150.00	=		
Speaker Phone (Polycom)			х		x		\$170.00	=		
							7			
Power Services										
Standard Power Connection (Incli	udes 20amp circuit, power strip and ext cord)	Н	Х		x _		\$95.00	=	-	
Additional Power Strip and Extens	sion Cord		х		х		\$45.00	=	-	
**For Additional Needs Please 0	Call 612-397-4908 or email tjandereson@psav	.com					SUBTOTAL =		-	
PSAV will reply with a Rental Order and a 8.025% sales tax.	for confirmation, which will include a 23% Event	Techno	olo	gy Su	pport	fee				
and a 0.02370 sales tax.										
Card Holder Signature:										



Event Services

Fresh Floral Service

	Quar	ntity	Unit Cost	Total
Cut Flower Arrangement 18" High	[]	\$55	
Cut Flower Arrangement 24" High]]	\$75	
Tropical Arrangement	ſ	1	\$100	

Custom Handcrafted Flower Arrangements available. Call for details and prices.

Payment Policy:

All Orders Must Be Paid in Full Prior to Event

Special Services Call For Quotation:

Corsages, Boutonnieres Hospitality Suites/ Flowers

Green Plants

	Qua	ntity	Unit Cost	<u>Total</u>
Small 6" Fern in Decorative Pot	[]	\$20	
Large 8" Fern in Decorative Pot]]	\$30	
Small 6" Peace Lily in Decorative Pot	[]	\$20	
Large 8" Peace Lily in Decorative Pot	[]	\$30	

Blooming Plants

6" Cyclamen in Decorative Pot	<u>Qua</u> [ntity]	Unit Cost \$20	<u>Total</u>
6" Kalanchoe in Decorative Pot	[]	\$20	
6" Mum in Decorative Pot	[]	\$20	
6" Rieger Begonia in Decorative Pot]]	\$20	
5" Orchid in Decorative Pot]]	\$25	

Delivery Charge

For Orders Less than \$150 \$12.99
For Orders Greater than \$150 Call for Pricing



Event Services

Please fill out completely:

Show Name	
Show/Convention Location	
Exhibitor	
Booth #	
E-mail	
Main Contact	
Address City	
State Zip	
Telephone # Fax #	-
Cell # During Show	
Delivery Date A.M P.M	
Vendor Set-Up Hours	
Date & Time Show Opens	

This is a request for our services. We will contact you to secure payment.

For Special Services or Requests: Contact Bachman's Call 612-861-7620, Fax 612-861-7707 or specialevents@bachmans.com

Certificate of Exemption

Purchaser: Complete this certificate and give it to the seller.

Seller: If this certificate is not fully completed, you must charge sales tax. Keep this certificate as part of your records.

This is a blanket certificate, unless one of the boxes below is checked, and remains in force as long as the purchaser continues making purchases, or until otherwise cancelled by the purchaser. Check if this certificate is for a single purchase and enter the related invoice/purchase order # __ If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make multiple purchases for a specific job. Enter the exempt entity name and specific project: Project description ____ Exempt entity name _ Name of purchaser State Business address Zip code Purchaser's tax ID number **Type or print** State of issue If no tax ID number, FFIN Driver's license number/State issued ID number enter one of the following: state of issue number Name of seller from whom you are purchasing, leasing or renting Seller's address City State Zip code Type of business. Circle the number that describes your business. 01 Accommodation and food services 11 Transportation and warehousing 02 Agricultural, forestry, fishing, hunting 12 Utilities Type of business 03 Construction 13 Wholesale trade 04 Finance and insurance 14 **Business services** 05 Information, publishing and communications 15 Professional services 06 Manufacturing 16 Education and health-care services 07 Mining Nonprofit organization 17 08 Real estate 18 Government 09 Rental and leasing Not a business (explain) ____ 10 Retail trade Other (explain) Reason for exemption. Circle the letter that identifies the reason for the exemption. Agricultural production Α Federal government (department) _ Reason for exemption В J Industrial production/manufacturing Specific government exemption (from list on back) Κ Direct pay authorization Multiple points of use (services, digital goods, or computer С Tribal government (name) software delivered electronically) D Foreign diplomat #_ М Direct mail Ε Charitable organization #__ Ν Other (enter number from back page) Educational organization #____ Percentage exemption G Religious organization #_ Advertising (enter percentage) _____ Н Resale Utilities (enter percentage) ____ Electricity (enter percentage) ____ I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY: If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.) Signature of authorized purchaser Print name here