

## *COE Network Medical Center Exhibiting Information*

*This is an exclusive offer available only to medical facilities in an Optum Centers of Excellence network. It includes FREE exhibit space and a reduced registration*

### **Exhibiting Fee**

**Exhibit Space:** Complimentary with one paid FULL conference registration.

### **Conference Registration:**

\$425 if payment received by April 4, 2014  
\$475 if payment received after April 4, 2014  
\$525 if payment received on site

The full conference registration fee includes exhibit space during the conference and access to all main conference sessions and activities. Exhibit space includes one skirted 6' or 8' table.

### **Exhibitor Application**

Review and complete the Application for Exhibit Space and Indemnification Agreement in its entirety. Be sure to indicate the day(s) to reserve exhibit space. Return the signed form at least 21 days prior to the start of the conference.

### **Exhibitor Registration**

Register online at

[www.optumhealtheducation.com/txonc2014](http://www.optumhealtheducation.com/txonc2014)

Complete the online registration process for each individual from your facility that will be at the conference as an exhibitor and/or conference registrant. All onsite personnel must register and pay the applicable registration fee. One full registration fee must be paid to receive free exhibit space.

### **Exhibiting Schedule**

In response to last year's attendee and exhibitor requests, the exhibiting schedule is as follows:

Wed., April 30 (SOT)	Breaks (a.m./p.m.), Lunch/Dessert, Reception
Thur., May 1 (SCT)	Continental Breakfast, Breaks (a.m./p.m.), Lunch/Dessert
Fri., May 2 (Oncology)	Continental Breakfast, Break (a.m.) Lunch/Dessert

**Exhibit Setup and Dismantle.** Exhibitors are responsible for set up and tear down of their display. Setup and tear down must not conflict with open exhibit times.

### **Exhibiting Requirements**

**Special Needs.** Exhibitor is responsible for any special requirements, such as electrical and audiovisual equipment. Contact LuAnne Ronning for ordering information.

**Exhibit Materials.** All signs, displays and handouts are solely the responsibility of the Exhibitor. OptumHealth Education and Manchester Grand Hyatt San Diego are not responsible for the security of items in the exhibit area.

**Staffing.** Exhibiting organizations may exhibit individual days or the full schedule. You must indicate the days you plan to exhibit on the Exhibit Application. Each Exhibitor is requested to keep at least one attendant in the booth during the day(s) indicated on the Exhibit Application.

### **Shipping**

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

1. Hold for Arrival  
Attn: Onsite Exhibitor's Name/Organization  
Optum Oncology & Transplant Conference  
Arrival Date: 04/30/2014  
Box \_\_\_ of \_\_\_
2. Address package as follows:  
Manchester Grand Hyatt San Diego  
One Market Place  
San Diego, CA 92101

### **Hotel Information**

Hotel: Manchester Grand Hyatt San Diego, One Market Place, San Diego, CA 92101

Reservations:

Online: [Manchester Grand Hyatt San Diego](http://ManchesterGrandHyattSanDiego.com)  
Phone: (800) 233-1234; mention "Advances in the Management of Oncology and Organ Transplant Patients" to receive the discounted group rate.

Rate: \$229.00 single/double.

Room Block Release Date: April 4, 2013

### **Cancellations**

To receive a refund, a written cancellation notice must be received by OptumHealth Education a minimum of 21 days prior to the conference. A \$25 processing fee will be assessed.

In the event the Conference must be canceled for such reasons, including but not limited to, fire, strikes, government regulations, lack of funding or any other event preventing the scheduled opening or continuance of this Conference, obligation for payment of the exhibiting fee shall be terminated. OptumHealth Education shall determine an equitable basis for the refund of such portion of expenditures and commitments already made.

### **Right of Refusal**

OptumHealth Education reserves the right to refuse conference registration, attendance and exhibitor applications.

### **Contact Information**

Exhibit Manager: LuAnne Ronning  
Phone: (218) 834-6369 • Fax: (612) 234-0477  
E-mail: [luanne.ronning@optumhealtheducation.com](mailto:luanne.ronning@optumhealtheducation.com)

## Application for Exhibit Space

### EXHIBITOR INFORMATION: (please type or print clearly)

Exhibiting Organization: \_\_\_\_\_  
*(Use upper and lower case letters exactly as you want your organization's name to appear in conference materials and signage.)*

Exhibitor Contact Name: \_\_\_\_\_  
*(Company representative to receive all information regarding exhibits and the conference.)*

Title/Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail (required): \_\_\_\_\_

List any probable Exhibitors you DO NOT wish to be near: \_\_\_\_\_

### DAYS EXHIBITING:

Day(s) to Reserve Exhibit Space (required)  Wed, 4/30 (solid organ transplant)  Thu, 5/1 (stem cell transplant)  Fri (5/2) (oncology)

### PAYMENT INFORMATION:

Exhibit Fee:  COE Network Facility \$ N/A\*  
*(Refer to the Exhibiting Information sheet for fee information. \*Fee will be processed during registration.)*

Event Sponsor/Supporter or Other Exhibitor<sup>(1)</sup> \$ \_\_\_\_\_  
*(Refer to your letter of invitation for exhibit fee information. Complete the Method of Payment section below.)*

Nonprofit Organization \$ N/A\*  
*(Refer to your letter of invitation for exhibit fee information. \*Fee will be processed during registration.)*

Method of Payment:  Check payable to: OptumHealth Education  
*(if applicable)* Federal Tax ID: 30-0238641

Credit Card  
 Visa  MasterCard  American Express

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Print Cardholder's Name \_\_\_\_\_ Signature \_\_\_\_\_

### INSTRUCTIONS:

Instructions (refer to the Exhibiting Information sheet for fee information and exhibiting details):

- Application:** Complete this form to apply for exhibit space during the conference. Submit the completed form at least twenty-one days prior to the start of the conference.
- Registration:** All on-site representatives from your organization must register.
- Right of Refusal:** OptumHealth Education reserves the right to determine eligibility of any applicant as an Exhibitor.

By signing this form, you agree: The Exhibitor assumes all responsibility for any and all loss, theft, or damage to exhibitor's displays, equipment and other property while on Manchester Grand Hyatt San Diego premises, and hereby waives any claim or demand it may have against OptumHealth Education or Manchester Grand Hyatt San Diego or its affiliates, arising from such loss, theft, or damage.

In addition, the Exhibitor acknowledges that OptumHealth Education does not maintain insurance covering Exhibitor's property. It is the sole responsibility of the Exhibitor to obtain appropriate insurance covering any losses by the Exhibitor.

You also agree to comply with any instructions or other terms contained in other materials delivered to you concerning this exhibit.

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

Application Due Date: April 4, 2014

Contact Us:

E-Mail: [moreinfo@optumhealtheducation.com](mailto:moreinfo@optumhealtheducation.com)

Conference Web Site:

[www.optumhealtheducation.com/txonc2014](http://www.optumhealtheducation.com/txonc2014)

3 Ways to Submit Your Application:

FAX: (612) 234-0477

E-MAIL: [luanne.ronning@optumhealtheducation.com](mailto:luanne.ronning@optumhealtheducation.com)

MAIL: Bethany Severson, MN010-S157

OptumHealth Education  
6300 Olson Memorial Highway  
Minneapolis, MN 55440-9472

(1) The Exhibition is open to Optum COE network medical facilities, OptumHealth Education sponsors/conference supporters, and other invited guests. If you check the "Other" category and have not received an invitation to exhibit, please e-mail [moreinfo@optumhealtheducation.com](mailto:moreinfo@optumhealtheducation.com) to request authorization.