

## What's New, What's Next: Innovations in Clinical Excellence From Before Birth Through Adulthood

Perelman Center for Advanced Medicine • September 27–28, 2012

### Exhibiting & Registration Information

#### Conference/Exhibit Venue

Perelman Center for Advanced Medicine  
3400 Civic Center Boulevard • Philadelphia, PA 19104  
Exhibit Location: Translational Research Center Commons

#### Exhibiting Fee

Exhibit space includes one skirted table and two chairs. For fee information, refer to your conference support agreement or letter of invitation to exhibit.

#### Exhibit Space Application

**Event Supporters / Exhibitors**—Review and complete the Application for Exhibit Space in its entirety. Return the signed form to OptumHealth Education at least 30 days prior to the start of the conference. *Space is limited.*

**Annual Conference Supporters**—Please contact the Exhibit Manager at least 30 days prior to the start of the conference to reserve exhibit space. *Space is limited.*

#### Exhibitor Registration

##### Register On-site Representatives.

Go to <http://www.optumhealtheducation.com/philly>  
All individuals at the exhibition and conference must register through the conference Web site.

#### Exhibit Dates and Hours

Thursday, September 27 ..... 12:30–7:00 p.m.  
*Exhibitors must check in at the Registration Desk to obtain credentials and space assignment.*

#### Exhibiting Requirements

**Exhibit Setup and Dismantle.** Exhibitors are responsible for set up and tear down of their display.

Set-up: Thursday, Sept. 27 ..... 10:30 a.m.–12:30 p.m.  
*Please contact the Exhibit Manager to request an alternative set-up time.*

Dismantle: Thursday, Sept. 27 ..... 7:00–8:00 p.m.

**Staffing.** It is requested the exhibit be staffed during lunch, afternoon break and get-acquainted reception.

**Special Needs.** Exhibitor is responsible for any special requirements. Contact the Exhibit Manager for ordering information.

**Exhibit Materials.** All signs, displays and handouts are solely the responsibility of the Exhibitor. No designated security is provided. Exhibitor assumes all liability for its materials and property.

#### Shipping and Delivery

Shipping and delivery of materials to and from the Perelman Center for Advanced Medicine is the responsibility of the Exhibitor. Packages will be accepted up to three business days prior to the event. To ensure proper delivery, address your packages as follows:

Translational Research Center  
University of Pennsylvania School of Medicine  
OptumHealth Conference, 9/27/12  
<Exhibitor Name>/<Exhibiting Organization>  
3400 Civic Center Blvd., Building 421  
TRC 01-103  
Philadelphia, PA 19104

#### Hotel Information

Hotel: The Inn at Penn, 3600 Sansom Street,  
Philadelphia, PA 19104

Reservations: (215) 222-0200; Mention "OptumHealth/  
Children's Hospital of Philadelphia Conference" to  
receive the special group rate.

Rate: \$219.00 single/double

Room Block Release Date: Aug. 24, 2012

#### Cancellations

If your company must cancel, prompt notification to the Exhibit Manager is requested.

#### Right of Refusal

OptumHealth Education, The Children's Hospital of Philadelphia and the Hospital of the University of Pennsylvania reserve the right to refuse exhibitor applications.

#### Contact Information

OptumHealth Education Exhibit Manager  
Bethany Severson • p 763.797.2834 • f 612.234.0925  
E-mail: [bethany.severson@optumhealtheducation.com](mailto:bethany.severson@optumhealtheducation.com)

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

#### PAYMENT INFORMATION:

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

Annual OptumHealth Education Supporter \$ N/A

Method of Payment:  Check payable to: OptumHealth Education (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):

(1) **Application:** Complete this form to apply for exhibit space. Submit the completed form at least thirty days prior to the start of the conference. Exhibit space is limited.

(2) **Registration:** All on-site representatives from your organization must register. Refer to the Exhibitor Information sheet, or Annual Support Agreement, for the number of allowable complimentary registrations.

(3) **Right of Refusal:** OptumHealth Education, The Children's Hospital of Philadelphia (CHOP) and the Hospital of the University of Pennsylvania (Penn) reserve 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 the Perelman Center for Advanced Medicine premises, and hereby waives any claim or demand it may have against OptumHealth Education or the Perelman Center for Advanced Medicine or its affiliates, arising from such loss, theft, or damage.

In addition, the Exhibitor acknowledges that it is the sole responsibility of the Exhibitor to obtain appropriate insurance covering any losses by the Exhibitor.

You 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: Aug. 27, 2012

#### Contact Us:

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

Phone: (800) 847-2050

#### Conference Web Site:

<http://www.optumhealtheducation.com/philly>

#### 3 Ways to Submit Your Application:

FAX: (612) 234-0925

E-MAIL: [bethany.severson@optumhealtheducation.com](mailto:bethany.severson@optumhealtheducation.com)

MAIL: Bethany Severson, MN010-S157

OptumHealth Education

6300 Olson Memorial Highway

Minneapolis, MN 55440-9472

(1) The Exhibition is open to OptumHealth Education, CHOP and Penn sponsors/conference supporters, and other invited organizations. If you check the Event Supporter/Exhibitor category and have not received an invitation to exhibit, please e-mail [moreinfo@optumhealtheducation.com](mailto:moreinfo@optumhealtheducation.com) to request authorization.