

PERINATAL UPDATE 2010

March 3, 4 & 5

EXHIBITION REGISTRATION

CORPORATE NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

CONTACT _____ TITLE _____

PRODUCTS/SERVICES TO BE DISPLAYED (This will help determine your location, so that you will not be placed next to your competitors.) _____

Exhibitor Names (2 badges per company):

1. _____ 2. _____

EXHIBIT REQUEST: () \$550 - 6' x 10' booth (includes one 6' table, two chairs, draped back and side walls)
() \$700 - 6' x 20' booth (includes two 6' tables, four chairs, draped back and side walls)

Please contact Blue Chip Expo at (843) 681-4545 or visit their website: www.bluechipexpo.net for the following services:

- Electrical requirements
- Shipment and/or delivery of equipment and supplies

Leprechaun Ball () Will attend () Will not attend
(3/4/10) () Number of people

MAKE CHECKS PAYABLE TO: **MEMORIAL HEALTH FOUNDATION**

And mail to: Department of Neonatology
4750 Waters Ave., Suite 206
Savannah, GA 31404

() VISA () MASTERCARD () AMEX Credit Card # _____

Expiration Date _____ Name on Credit Card _____

Signature _____

Billing Address if different from above _____

IMPORTANT DETAILS TO NOTE:

- Space is reserved only upon receipt of registration form, signed contract and payment.
- Exhibition registration must be postmarked by February 19, 2010.
- No registrations will be accepted after February 19, 2010.
- Please read the stipulations listed on the exhibition contract and sign.
- All cancellations must be made in writing through the Department of Neonatology at MHUMC. Cancellations postmarked on or before February 19, 2010 will be subject to a \$100 processing fee. No refunds will be made for cancellations received after February 19, 2010 or for 'no shows.'
- Retain a copy of both sides of the registration form for your records.
- Some exhibitors may be located in the hall outside the exhibit area. These exhibitors may move their equipment/materials into the exhibit area at night for security purposes.

EXHIBITION CONTRACT

Registered companies are entitled to exhibit space as purchased for use during the stated exhibit period.

Space Allocation

1. Exhibition space assignments will be made upon receipt of paid registration and signed contract.

Exhibitor Responsibilities

1. Exhibit area is **unsupervised** by conference personnel. Therefore, it is the **individual** exhibitor's responsibility to secure equipment and supplies at all times. It is also the exhibitor's responsibility to remove any potentially dangerous materials from the exhibit space when said exhibitor is unavailable to supervise its use.
2. All exhibits must be in position 60 minutes before the conference opens and **must remain in position and manned during the scheduled activities** in the exhibit area. Exhibits cannot break down prior to the scheduled time unless previous arrangements have been made with the Exhibit Coordinator.
3. Exhibitors may display or sell only what is listed on the registration form. Raffle tickets may not be sold.
4. If two companies/organizations share exhibit space, both must be registered and paid.
5. All promotional activities and equipment must be contained within the allotted booth space. Audiovisual or other devices may not interfere with other exhibitors. All goods, advertised items and services must be those provided during the exhibitor's regular course of business.
6. The conference or exhibition may be canceled for any reason. The conference facility, Memorial University Medical Center (MUMC) and Conference Coordinators shall not be liable for any expenses incurred by the exhibitor except for an exhibit fee refund.
7. It is the company's responsibility to be certain their exhibit and accompanying equipment can be moved into the designated area and conforms to safety and fire regulations. Any and all services needed, over and above those provided, are the responsibility of the company. Exhibit supplies **should not** be sent to MUMC; the company should coordinate with Blue Chip Expo (843)-681-4545 or www.bluechipexpo.net.
8. The exhibitor assumes the entire responsibility and liability for losses, damages and claims arising out of exhibitor's activities on the Hotel premises and will indemnify, defend and hold harmless the Hotel, its agents, servants and employees from any and all such losses, damages and claims.
9. It is the company's sole responsibility to obtain business interruption and property loss/damage insurance to cover such losses by the company before, during and after the conference.
10. Exhibitors will comply with all stipulations, rules and regulations of the Conference Coordinators and city, state or federal regulations governing this exhibition.
11. All exhibitors must be employed by the company exhibiting.
12. A processing fee of \$20.00 will be assessed on any returned checks or declined credit cards.

The above stipulations are understood and agreed to by:

Name (print) _____ Title _____

Company _____ Signature _____ Date _____



**Department of Continuing Medical Education
Exhibit Space Agreement**

This Agreement serves as a formal request by the exhibitor to reserve exhibit space at the activity listed below. This Agreement becomes valid only after being signed by both the exhibitor and a representative of the Department of Continuing Medical Education at Memorial Health University Medical Center (MHUMC).

Activity Information (to be completed by a representative of MHUMC's Department of CME)

Activity Title: _____Perinatal Update 2010_____

Exhibition Premise: _____Marriott Riverfront, Savannah, GA_____

Date(s): _____March 3-5, 2010_____

Exhibit Fee: _____\$_____

Exhibitor Information (please print)

Organization Name: _____

Exhibit Name: _____

Contact Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Payment Options

- Check
Please make check payable
to the following:

Memorial Health University Medical Center Foundation, Inc.
4750 Waters Avenue, Ste 206
Savannah, GA 31404

- Credit Card

Type (please circle) Visa MasterCard American Express

Name (as it appears on card):

Card Number:

Expiration Date:

Exhibitor Acknowledgement

Exhibitor acknowledges and agrees that it assumes the entire responsibility and risk arising out of and in connection with the above Activity. Exhibitor hereby agrees to protect, indemnify, defend, and hold Activity, Activity Sponsors, facilities, vendors, and its employees and agents harmless against any and all liabilities, claims, actions and suits, losses, and damages to persons or property, governmental charges or fines and attorney's fees arising out of or caused by Exhibitor's installation, removal, occupancy or use of the exhibition premises or part thereof.

In addition, Exhibitor acknowledges that the Activity, Activity Sponsors, facilities, and vendors do not maintain insurance covering the Exhibitor or its property and that it is the sole responsibility to obtain adequate insurance coverage for any and all liabilities, claims, actions, suits, losses and damages, personal or property, sustained by Exhibitor as a result of its installation, removal, occupancy or use of the Exhibition Premises.

Exhibitor Authorization

Agreed to by AUTHORIZED AGENT or Exhibitor:

Signature

Date

Agreed to by MHUMC's Department of CME

Signature

Date