

Virginia College of
Emergency Physicians

2010 HOT TOPICS

The Homestead

Hot Springs, Virginia

Exhibit Days February 10 & 11

INSIDE:

EXHIBIT/SPONSORSHIP OPPORTUNITIES
GENERAL INFORMATION
APPLICATION FORM



GENERAL INFORMATION

All sponsors and exhibitors will be prominently acknowledged during the program. Special notice will be given in the Program Guide, including descriptions of Exhibitors product/service being displayed. Exhibit/Sponsor application must be received *no later* than **January 8, 2010** to ensure inclusion in the Program Guide.

EXHIBIT SPACE RENTAL

To ensure exhibitors maximum opportunity for meeting and interacting with the registrants, a drawing will be held for those who visit every exhibit. *If you have an item to donate for this drawing, please let us know!*

Exhibit Space Rental — \$995.00

Rate includes:

One table-top exhibit (six foot table and two chairs)
Reception – Wednesday, held in exhibit area
Breaks & Lunch – held in exhibit area
Company listing in Program Guide and the VACEP Quarterly Newsletter, *VIRGINIA EPIC*

Free-standing units *cannot* be accommodated.

Electrical hook-up(s) are an additional \$45.00 each.

EDUCATIONAL GRANTS AND EVENT SPONSORSHIPS

We are seeking funds to support the educational programming as well as certain food & beverage events. If your company has funds available for this purpose, please contact our office for a “Letter of Agreement” at 757-220-4911.

Types of sponsorships:

Morning Break	\$1200
Lunch	\$3000
Reception	\$4000
Speakers	\$1500 (minimum)

Sole sponsorships are quoted; however, any contribution is welcome.

EXHIBIT AREA HOURS OF OPERATION

Setup:

Wednesday, February 10th 10:00am

Open:

Wednesday, February 10th

Lunch 12:15pm – 2:00pm

Reception 5:30pm – 7:00pm

Thursday, February 11th

Break 7:30am – 8:00am

Break 10:00am – 10:30am

Dismantle:

Thursday, February 11th 10:30am

An exhibitor service order form will be emailed to you with your registration confirmation and will include further drayage information.

VACEP management will make exhibit space assignments. (*Special requests will be accommodated, if possible.*)

ADVERTISING IN THE PROGRAM GUIDE

Another opportunity to put your name in front of the physicians – advertise in the Program Guide! Camera ready, black and white copy must be received *no later* than **January 8, 2010**. For exact sizes, contact our office.

\$150 - 1/4 Page

\$250 - 1/2 Page

\$475 - Full Page

\$750 Back Cover – Full page

VACEP FEDERAL ID NUMBER:
23-7147412

ALL EXHIBITORS AND SPONSORS WILL BE ACKNOWLEDGED IN THE SPRING 2010 ISSUE OF VIRGINIA EPIC, DISTRIBUTED TO 700+ EMERGENCY MEDICINE PHYSICIANS ACROSS VIRGINIA, AS WELL AS 100+ NATIONAL EMERGENCY MEDICINE LEADERS!

CANCELLATIONS

All exhibit cancellations *must* be submitted in writing and received by the dates listed below:

Cancellations by December 28, 2009 –
20% of the total obligation penalty

Cancellations – December 28, 2009 to January 8, 2010 –
50% of the total obligation penalty

No refunds for cancellations after January 8, 2010

EXCLUSION NOTICE

VACEP shall not be liable to any exhibitor for failure or delay in the execution of the conference for which a fee has been paid due to causes beyond its reasonable control including, but not limited to war, sabotage, insurrection, riot or other act of civil disobedience, strikes, or other labor shortages, act of any government, accident, fire, explosion, flood, hurricane, severe weather or other act of God.

If cancellation occurs, VACEP will retain an administrative fee in the amount of \$75.00 where the balance of any fee paid may either apply to the next conference offered by VACEP, or an advertisement in the next *VIRGINIA EPIC* newsletter, or a refund of the balance, by submitting a written request to the Executive Director.

HOTEL RESERVATIONS

Make your reservation early! Hotel accommodations *must* be made by reservation form. The reservation form will be

sent with your confirmation as a VACEP exhibitor. The completed form may then be mailed or faxed to The Homestead per instructions on bottom of form. Reservations made *after* the **January 8, 2010** cut-off date will be at the group rate based on *space availability*.

Modified American Plan (MAP) (breakfast & dinner):

VACEP rates are per room with a 15% resort charge and 9% sales tax. Rates are:

\$195.00 — Single Occupancy

\$280.00 — Double Occupancy

Children's rates when sharing room with parents, MAP per person, per day:

Ages 0-5 — complimentary

Ages 6-12 — \$20.00 each

Ages 13 & older — \$90.00

European Plan (EP) (no meals):

VACEP rates are per room with a 15% resort charge and 9% sales tax.

\$100.00 — per room (up to 2 people)

Each additional person in room — \$90.00

A deposit equal to the first night's rate and sales tax is required no later than the reservation cut off date of **January 8, 2010**. To ensure availability, individual reservations are due ***no later*** than *January 8, 2009*.

Check-in time is 4:00pm

Check-out time is 12:00pm

LIABILITY

The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of exhibitor's activities on the Resort premises and will indemnify, defend, and hold harmless, VACEP, The Homestead, its owner, and its management company, as well as their respective agents, servants, and employees from any and all such losses, damages and claims.

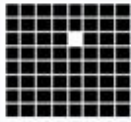
***If you have any questions or need additional information,
please do not hesitate to contact
Terry Sue Curtin, Office Manager
at 757-220-4911
or terry@vacep.org***

2009 HOT TOPICS SPONSORS/ EXHIBITORS

bioMerieux, Inc.
Biosite
EPMG
ER-ONE
Genentech, Inc.
Life Recovery Systems

Logical Images, Inc.
MAG Mutual Insurance
Marina Medical Billing
Medical Management
Professionals
MEP

sanofi-aventis Pharmaceutical
Schering-Plough
Team Health
U.S. Army Health Medical
Recruiting
Wyeth Pharmaceuticals



Virginia College of Emergency Physicians

EXHIBIT/SPONSORSHIP APPLICATION

CONTACT NAME: _____

COMPANY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: (____) _____ FAX: (____) _____

E-MAIL: _____

EXHIBIT SPACE

\$995.00 Electrical hook-up(s) \$45.00 each — number required _____

NAME OF PERSON(S) TO REPRESENT OUR COMPANY: *(Please attach list if more than 2 representatives; \$35 fee per person applies for each additional representative)*

1) _____

2) _____

Yes! Reception, Wednesday (Complimentary)

**VACEP
Federal ID
number:
23-7147412**

PRODUCT OR SERVICE TO BE DISPLAYED AT OUR EXHIBIT:

(For inclusion in the Program Guide)

LIST ANY COMPANY YOU WISH NOT TO BE ADJACENT TO:

EDUCATIONAL GRANTS & EVENT SPONSORSHIPS

Please Obtain a "Letter of Agreement" from VACEP and attach to this application

Grant/sponsorship in the amount of \$ _____ to support: _____

Unrestricted Grant in the amount of \$ _____

ADVERTISING SPACE IN THE PROGRAM GUIDE

\$150 - 1/4 Page

\$250 - 1/2 Page

\$475 - Full Page

\$750 - Back Cover – Full page

PAYMENT *For instant registration, please call 757-220-4911*

A check for \$ _____ is enclosed, payable to VACEP (U.S. funds only)

Please charge to my: VISA MasterCard

Card #: _____ Exp. Date: _____

Card Holder's Name: _____

Signature: _____

*Make a copy of this form for your records and mail to: VACEP, P.O. Box 911, Norge, VA 23127
Attention: Terry Curtin*

Or fax to 757-258-3042 or email to terry@vacep.org