



## Exhibitor Contract 2018

This contract authorizes the Ohio Point-of Care Network (OPOCN) to include the following company as an exhibitor and or sponsor at the 2018 OPOCN Conference to be held May 18, 2018 at

**West Chester Hospital, 7700 University Dr., West Chester, OH 45069**

**Web Page: [www.pointofcare.net/ohiovalley](http://www.pointofcare.net/ohiovalley)**

Exhibit day:

**May 18, 2018**

**Set up: after 8:00am**

**Teardown must be complete by 4:00 pm**

**Exhibitor Hours: 10:00 - 10:30 am and 11:45 - 12:30 pm**

Please place an "X" in the box before the activity you wish to sponsor

X	Activity	Cost
<input type="checkbox"/>	Sponsorship-speaker	\$400.00 (or provide speaker if accepted) vendor table included
<input type="checkbox"/>	Sponsorship-lunch	\$1000.00 (two \$500.00 opportunities available) vendor table included
<input type="checkbox"/>	Sponsorship-breakfast	\$600.00 (two \$300.00 opportunities available) vendor table included
<input type="checkbox"/>	Vendor table	\$250.00

**COMPANY** \_\_\_\_\_

(Detail name as desired for booth signage - *please print*)

**ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_ **WEB PAGE** \_\_\_\_\_

**CONTACT PERSON: Please Print** \_\_\_\_\_

**NAMES OF REPRESENTATIVES MANNING THE BOOTH:** \_\_\_\_\_

**Vendor Booth includes:** 6' to 8' table, 2 chairs and limited electrical access (let us know if you need electrical service).

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

**CONTRACT PERSON: Please Print** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Enclose check payable to:** **Ohio Point-of-Care Network**  
(Tax ID #26-4510149)

**Return form and check to:** **Ohio Point of Care Network**  
**c/o Patricia L. Kraft**  
**5508 Sulphur Springs Rd.**  
**Brookville, OH 45309**