

Exhibitor Application

2010 HPCAI Fall Conference
November 2 - 3, 2010

Scheman Building, Iowa State Center, Ames



Scheman Building—Second Floor

* Booth assignments are made on a first-come basis with receipt of full payment for the space. Please note that booth arrangements are subject to change at the discretion of HPCAI.



Hospice and Palliative Care Association of Iowa Exhibitor Contract

1. **CANCELLATION POLICY**
Full booth fee **MUST** be paid when space is blocked. Notice of cancellation must be received in writing by HPCAI:
Before **August 30, 2010** —75% refund
Between **September 1 & September 20, 2010**—50% refund
After **September 21, 2010** —NO REFUND
 2. **EXHIBIT INSTALLATION & DISMANTLING**—Setup may begin at **7:00 am and must be completed by 8:00 am on Tuesday, November 2**. Under no circumstances will any booth begin to pack and/or dismantle or remove their exhibit from the hall before **3:30 pm Wednesday, November 3**.
 3. **ALL EXHIBIT MATERIALS MUST CONFORM TO THE FIRE REGULATIONS** and electrical codes of the exhibit area. All packing materials and containers must be removed from the floor and must not be stored behind displays or under tables.
 4. **NO EXHIBIT MAY PROTRUDE INTO THE AISLE OR BLOCK THE VIEW** of neighboring exhibits.
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5. **APPLICATION FOR BOOTH SPACE MUST BE MADE ON THE PRINTED FORM PROVIDED**. HPCAI reserves the right to decline any application for space.
 6. **BOOTH ASSIGNMENTS** will be made on a first come, first served basis. Booths will be assigned after full payment has been received. HPCAI reserves the right to make the final determination of all assignments. Allocation of space is made solely at the discretion of HPCAI.
 7. **EXHIBIT BOOTH INCLUDES** three sides, one skirted table, two armless chairs, one standard sign and one wastebasket. All other services and equipment can be ordered through the Scheman Building at the exhibitor's expense.
 8. **SUBLETTING** of exhibit space is prohibited.
 9. **EXHIBITORS ARE PROHIBITED FROM ATTACHING ANYTHING ON THE SURFACE OF FACILITY PROPERTY**, violators will be responsible for damage.
 10. **THERE WILL BE CARPETING IN THE EXHIBIT AREA**.
 11. **EACH EXHIBITOR MUST PROVIDE AN ATTENDANT** within his/her exhibit space during the open hours of **8:00 am - 3:30 pm on November 2 and 8:00 am – 2:30 pm on November 3**. No more than three representatives will be allowed in the booth at any one time. **ALL EXHIBITORS ARE TO PRE-REGISTER THEIR REPRESENTATIVES BY COMPLETING THIS REGISTRATION FORM**.
 12. **IF AN EXHIBITOR DOES NOT FOLLOW THE RULES AND REGULATIONS SET FORTH BY HPCAI, THEN THIS CONTRACT MAY BE TERMINATED**, with the exhibitor forfeiting fees paid regardless whether or not space is reassigned by HPCAI.
 13. **EXHIBITORS ARE REQUIRED TO PROVIDE HPCAI PROOF OF INSURANCE TO COVER AGAINST DAMAGE AND LOSS OF EXHIBIT MATERIALS AND LIABILITY INSURANCE AGAINST INJURY TO PERSON AND PROPERTY OF OTHERS**. All property of the exhibitor is understood to remain under his custody and control, in transit to, and from the hall, subject to this contract and to the rules and regulations of this agreement.
 14. **HPCAI RESERVES THE RIGHT TO MAKE CHANGES TO THIS CONTRACT**. Any matters not specifically covered herein are subject to decision by HPCAI. HPCAI reserves the right to make such changes, amendments and additions to this contract as considered advisable for the proper conduct of the exhibit with the provision that all exhibitors will be advised of any such changes.
 15. **TERMINATION OF MEETING**—Should the premises in which HPCAI meeting is to be held become, in the sole judgment of the organization, unfit for occupancy, or should the meeting be materially interfered with for any reason subject to the discretion of HPCAI, the contract for exhibit space may be terminated. HPCAI will not incur liability for damages sustained by exhibitors as a result of such termination. In the event of such termination, the exhibitors expressly waive such liability and release HPCAI of and from all claims and damages and agree that HPCAI shall have no obligation except to refund the exhibitors pro-rata share of the agreeable amounts received by HPCAI as rental fees for booths after deducting all costs and expenses in connection with such exhibits, including reasonable reserves for claims.
 16. HPCAI shall not be responsible to exhibitors for damages, losses and/or claims from any cause whatsoever that may arise from exhibitors' participation in the HPCAI Fall Conference. Exhibitors assume the entire responsibility and liability for losses, damages and claims arriving out of injury or damage to exhibitors' displays, equipment and other property brought upon the premises and shall indemnify and hold harmless HPCAI employees from any and all such losses, damages and claims.
 17. **EXHIBITORS AND OTHERS ARE PROHIBITED FROM PLAYING MUSIC** of any kind in the exhibit hall or other HPCAI function facility. If games are to be played in the booth, including Wii, game must be turned off during general and education sessions.

Please make a copy of this contract for the individuals working in your booth and be sure they have read the terms and understand them.
THANK YOU.

Authorized Signature _____

Name _____ **Title** _____

Submit your application today and secure a booth before the October 1, 2010 deadline!

Exhibitor Space Application

Hospice and Palliative Care Association of Iowa 2010 Fall Conference & Trade Show

November 2 - 3, 2010
Scheman Building, Iowa State Center, Ames, Iowa

Exhibitor Set-Up

November 2.....7:00 am-8:00 am

Exhibit Hours

November 2.....8:00 am-3:00 pm

November 3.....8:00 am-2:30 pm

Tear-Down

November 3.....2:30 pm

Read the contract on
the reverse side, sign and return by
October 1, 2010 to:

Amber Watters

HPCAI

100 East Grand, Suite 120

Des Moines, IA 50309

Company Name _____

Address _____

City _____

State _____ Zip _____

Contact Person _____

(All future correspondence will be sent to this person.)

Address (if different) _____

Telephone (_____) _____

Fax (_____) _____

E-mail (required) _____

Brief description of your company's products/
services _____

(this information may be listed in the conference materials)

Exhibitor(s) you do not wish to be in the same
proximity

1. _____

2. _____

Name of representatives staffing booth (required for
registration)

1. _____

2. _____

3. _____

Lunch will be provided to booth representatives at no cost.

We agree to abide by the terms of the agreement set forth
by HPCAI and have signed the contract on the back of
this page. Enclosed is a check for \$_____ payable to
HPCAI.

Exhibitor Fees:

- \$325 For-Profit Organizations
- \$175 Not-for-Profit Organizations
- \$500 Partial Sponsorship of the Celebration of
Honored Volunteers and Luncheon

PAYMENT INFORMATION:

- Check (payable to HPCAI)
- Bill my Company
- Credit Card
 - American Express
 - Discover
 - MasterCard
 - VISA

Cardholder Name (please print) _____

Credit Card No. _____ Security Code _____

Expiration Date _____ Cardholder's Phone No. (_____) _____

Cardholder Signature _____

Deadline to submit application is October 1, 2010!

For Office Use Only:

Date Received _____

Amount Paid _____

Booth(s) Assigned _____