

## **TRI-STATE RESPIRATORY CARE CONFERENCES, INCORPORATED EXHIBIT BOOTH AGREEMENT**

We hereby make application for exhibit space(s) indicated below, for our use at the 39<sup>th</sup> Annual Tri-State Respiratory Conference, to be held at the Imperial Palace Casino Biloxi, Mississippi August 4, 5, & 6, 2010. It is agreed that the Imperial Palace Casino, Gulf Coast Event Services Inc and the Tri-State Respiratory Care Conference Incorporated, manager of the exhibit show, will not be liable for any damage to or loss or destruction of any exhibit, or for any theft or disappearance of any of the property contained in or about the booth of the exhibitor, whether such losses are caused by negligence of the Imperial Palace Casino, Gulf Coast Event Services Inc., or Tri-State Respiratory Care Conference Incorporated, its officers, agents, employees, or otherwise; all claims for such loss, damage's theft being expressly waived by the exhibitor agrees to indemnify and hold the Imperial Palace Casino, Gulf Coast Event Services Inc., and the Tri-State Respiratory Care Conference, Inc. harmless for such claims.

Unless otherwise instructed by you, your booth sign will include the name of your firm. It is agreed that sections or side wings on display units will not extend so as to interfere with visitors' view of adjacent exhibits.

### **REGISTRATION**

Exhibitors should register at the exhibitor's registration desk on Wednesday August 4 after 12:00 Noon. Identification badges will be provided and must be worn at all times. Three exhibitors per single booth, four exhibitors per double booth and five exhibitors per triple booths will be allowed. Additional exhibitors may register at the rate of \$50.00 per day per person. There will be a \$5.00 fee charged for replacing lost name badges.

Exhibitors should prepare their booths between Noon and 3:00 P.M., on Wednesday. The exhibit area will be open on Wednesday from 4:00 P.M. to 6:00 P.M Thursday for 2 hours TBA, Friday (tentative) from 7:00 am to 9:00am. Late arrivals will not be allowed to set up during the first exhibit session. For security purposes, during the period that the exhibition area is closed, no one will be allowed in the area.

### **VENDOR CEU'S**

Vendors wishing to receive CEU's must be AARC members and must attend lectures. Vendors must document the lectures that they attended by turning in the answer sheet/questionnaire when they leave the meeting. Failure to abide by these policies means that no CEU's will be awarded, no exceptions. Non-member vendors may pay an additional fee of \$100 to obtain CEU's under the policies outlined above. The fee will include an opportunity to join the American Association for Respiratory Care .

Companies who sponsor a speaker will receive a premium booth space. All other booth assignments will be made according to the date payment is received. Booth confirmation can be received by calling Jim Lanoha @ 225-931-8448 or e-mail [lanoharentals@charter.net](mailto:lanoharentals@charter.net) Booth assignments will be on site. Booths will not be held for unconfirmed exhibitors.

### **BOOTH FURNISHINGS**

Exhibit booths will be set up and furnished by Gulf Coast Event Services  
All booths will be furnished with the following: 110 volt power, Six feet draped, skirted table, chair, waste basket, ID badge, and sign provided. A single booth section for this show is 6 ft deep by 8 ft wide, with an 8 ft high backdrop and 4 ft high side rails

### **ENTRANCE ISLAND DELUXE EXHIBIT AREAS AVAILABLE**

**Carpeted open island display, approximately the size of four booths, display size, style and price to be negotiated contact Jim at [lanoharentals@charter.net](mailto:lanoharentals@charter.net)**

Compressed gas needs should be handled by your company. You can contact Nordan Smith Inc. at 228-832-1628.

Arrangements for other items needed can be handled through our setup company. Contact Gulf Coast Event Services @ 1-800-488-3836.

**DO NOT SHIP ANYTHING DIRECTLY TO THE HOTEL**

### **BOOTH SIZES AND PRICES**

**PLEASE INDICATE IF YOU NEED POWER.....YES.....NO.....** *CIRCLE ONE PLEASE*

Single Booth . . . \$500  
Double Booth . . . \$800  
Triple Booth . . . \$1000

Make checks payable to TRI-STATE RESPIRATORY CONFERENCE, INC.  
Please submit checks to: Tri-State Respiratory Care Conference, Inc.  
C/o Jim Lanoha  
10885 Olinde Lane  
Ventress, LA 70783

Refund policy: Full refunds, minus a \$50 processing fee, will be made if written notice of cancellation of booth space is made in writing at least 60 days in advance of the start of the conference

Payment policy: Payment is due in full by Wednesday Aug 4<sup>th</sup> . If payment is not received a \$100 late fee may be charged.

## **NO EXHIBIT OPTION**

Although we encourage the exhibition of your goods and services, we realize the erection of an exhibit and the support of representatives may not be practical. For this reason, we are extending the opportunity to you to support the Tri-State through sponsorship of a speaker or social event. Should you choose to contribute in this manner, your contribution will be acknowledged by a poster, in the programs, and by announcement when the conference is given. If you should choose to sponsor a speaker, all fees and meeting expenses incurred by the speaker shall be the sole responsibility of the sponsoring company. If you would like to be contacted regarding the no exhibit option, check the box on the fourth page of this contract and mail the form to Tri-State Respiratory Care Conference Inc.

## **Hospitality Suites**

**The Board of Directors does not allow hospitality suites to open prior to 6 p.m., nor later than 11 p.m. as not to interfere with the educational program.**

2010 TRI-STATE RESPIRATORY CONFERENCE  
EXHIBITION REQUEST FORM  
(Please mail in with payment)

**COMPANY NAME:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ Fax (    ) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

**Size of booths: single(\$500)    double(\$800)    triple(\$1000) (circle one please)**

Type of products to be displayed: \_\_\_\_\_

We do not want to be located in the vicinity of the following exhibitors:

\_\_\_\_\_

We are interested in the no exhibit option:	<input type="checkbox"/> check
We wish to sponsor a speaker: [assign premium booth]	<input type="checkbox"/> check
We wish to sponsor a social event:	<input type="checkbox"/> check
We wish to sponsor a coffee or Continental Breakfast:	<input type="checkbox"/> check

Mail this form, with remittance to Tri-State Respiratory Care Conference, Inc.  
C/o Jim Lanoha  
10885 Olinde Lane  
Ventress, LA 70783

\_\_\_\_\_  
TSRCC USE ONLY

Date received: \_\_\_\_\_

Amount received: \_\_\_\_\_

Booth # (s) assigned: \_\_\_\_\_ Date

Dear Exhibitor:

Thank you for displaying at the **Tri-State Respiratory Care Conference**.

Would you please fill in the names of those who will represent your company at the meeting. Remember you get three exhibitors for a single booth, four exhibitors per double booth and five exhibitors per triple booths. Additional exhibitors may register at the rate of \$50.00 per day per person (limit 2)

**ALL VENDORS WANTING CEU'S MUST ATTEND THE LECTURES**

----- **COMPANY NAME** ( how your sign will read)

PLEASE PRINT CLEARLY

1. \_\_\_\_\_ AARC# \_\_\_\_\_

2. \_\_\_\_\_ AARC# \_\_\_\_\_

3. \_\_\_\_\_ AARC# \_\_\_\_\_

4. \_\_\_\_\_ AARC# \_\_\_\_\_

5. \_\_\_\_\_ AARC# \_\_\_\_\_

You can email your info, fax to 225 638 5080 or mail to the address below.

[lanoharentals@charter.net](mailto:lanoharentals@charter.net)

Sincerely,

Jim Lanoha RRT  
Chairman, Tri-State Exhibits  
10885 Olinde Lane  
Ventress, LA 70783