

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

We hereby make application for exhibit space(s) indicated below, for our use at the 47th Annual Tri-State Respiratory Conference, to be held at the IP Casino Resort & Spa Biloxi, Mississippi July 25th, 26th, and 27th 2018. It is agreed that the, the IP Casino Resort & Spa, 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 IP Casino Resort & Spa, 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, Gulf Coast Event, IP Casino Resort & Spa Services Inc., and the Tri-State Respiratory Care Conference, Inc. harmless for such claims.

**REGISTER ON-LINE at <http://www.tsrcc.net> (credit cards accepted)**

**REGISTRATION**

Exhibitors should register at the exhibitor's registration desk on Wednesday after 12:00 Noon. Identification badges will be provided and must be worn at all times.

Two exhibitors per single booth, four exhibitors per double booth and six 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.

**VENDOR PROCESS FOR BRINGING EQUIPMENT INTO THE SITE**

Exhibitor/Vendor Information and Instructions are provided in separate attachment from the IP Casino Resort & Spa (See Attachment). Contact number for Convention Services Manager at the IP Casino Resort & Spa is (228) 432-3216.

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 from 9:00 A.M. to 10:30 A.M. 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. 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 far as to interfere with the visitors' view of adjacent exhibits EXHIBIT SESSIONS.

As usual, TSRCC will host "Getting to Know You" with food and refreshments in the exhibit hall from 4-6 pm. Thursday's exhibit session "Coffee with the Exhibitors" will be 9:30 to 10:30 A.M. with light breakfast items served in the exhibit hall.

**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.

## SPONSORS

Companies who sponsor a speaker will receive a premium booth space. Please contact Exhibit Hall committee for special requests in reference to your sponsorship.

All other booth assignments will be made according to the date payment is received.

Booth confirmation can be received by calling Raymond Pisani @ 985-380-4517 or e-mail [tristaterpisani@gmail.com](mailto:tristaterpisani@gmail.com). 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

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.

All shipping & mailing to and from IP must be arranged by client. Instructions provided in IP Vendor/Exhibitors instructions. ( see attachment)

## 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.

Raymond Pisani

204 Tournament Blvd

Berwick, LA 70342

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 July 25th 2018 . 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.

**2018 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)

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: [ ] check

We wish to sponsor a speaker: [assign premium booth] [ ] check

We wish to sponsor a social event: [ ] check

We wish to sponsor a coffee or Continental Breakfast: [ ] check

Mail this form, with remittance to

Tri-State Respiratory Care Conference, Inc.

c/o Raymond Pisani

204 Tournament Blvd

Berwick, LA 70342

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 two exhibitors for a single booth, four exhibitors per double booth and six 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 to [tristaterpisani@gmail.com](mailto:tristaterpisani@gmail.com) or mail to the address below

Sincerely, Raymond Pisani,

Tri-State Treasurer, Exhibits member

Tri-State Respiratory Care Conference, Inc.

c/o Raymond Pisani, 204 Tournament Blvd, Berwick, LA 70342