



# IONL

## Iowa Organization of Nurse Leaders Spring Trade Show

Exhibitor Application and  
Agreement

May 7, 2010  
Hy-Vee Hall, Des Moines



IOWA HOSPITAL  
ASSOCIATION

- **Application for Exhibit Space.**

Application for space must be made on the enclosed IHA Exhibit Application and Agreement Form. **Return the completed application by April 15, 2010**, to Cara Harris, Iowa Hospital Association (IHA), 100 East Grand, Suite 100, Des Moines, IA 50309-1835. IHA reserves the right to determine the eligibility of exhibit space.

- **Exhibit Payment.**

The rental fee for each 10x10 booth is \$500 and is due by April 15, 2010. Booth assignments will be made in order of receipt of a signed agreement and full payment of fee. Allocation of space is made solely at the discretion of IHA.

- **Booth Specifications/Contractor.**

Freeman Decorating will set up the booths; a name sign will be included with each table. Please contact Cara Harris at IHA for additional needs at 515.288.1955.

- **Official Program Materials.**

Names of exhibitors who have reserved and paid in full for space by April 15, 2010 will be listed in an exhibitor guide provided to conference attendees.

- **Electrical Service.**

Electrical access will be available to all vendors.

- **Exhibits.**

The exhibit area will be available for installation of exhibits Thursday, May 6, 2010; 5:00 - 7:00 pm. All exhibits must remain until 2:45 pm, Friday, May 7, 2010. All exhibit materials and equipment must be removed from the exhibit area by 4:30 pm, Friday, May 7, 2010. After that time, any remaining exhibit materials will be removed at the exhibitor's expense. 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. Payment for services provided to an exhibitor by a contractor is the responsibility of the exhibitor.

No exhibit may protrude into the aisle or block the view of neighboring exhibits.

Exhibitor's printed material may be distributed within the assigned booth area only. Any materials IHA considers objectionable will not be allowed to be distributed.

If an exhibitor does not follow the rules and regulations set forth by IHA, then this agreement may be terminated, with the exhibitor forfeiting fees paid, regardless whether or not space is reassigned by IHA.

- **Exhibitor Badges and Registration.**

In addition to submitting an exhibitor booth agreement, the exhibitor must register each of his/her organization's representatives by completing the registration form that is enclosed. Up to three (3) representatives may register. Each exhibitor must provide an attendant within his/her exhibit space during the open hours of the exhibit (7:30 am-2:45 pm). No more than three representatives will be allowed at the booth at any one time.

IHA will issue a badge with proper identification of each exhibitor. Badges are not transferable and must be worn at all times in the exhibit area. Exhibitors may register during the set-up hours of 5:00 - 7:00 pm on Thursday, May 6. Special arrangements may be made ahead of time to register between 7:00 - 7:30 am, Friday, May 7 at Hy-Vee Hall by contacting Cara Harris at 515.288.1955 (harrisc@ihaonline.org).

- **Overnight Accommodations.**

A block of hotel rooms have been reserved for May 6, 2010 at the Des Moines Marriott Downtown located at 700 Grand Avenue, Des Moines. Call 515.245.5500 to secure hotel accommodations and be sure to state you are attending this IHA conference to take advantage of the special rate of \$95 (plus tax) Reservations must be made by April 15, 2010 to be guaranteed these special rates.

- **Cancellation/Liability.**

Cancellations by an exhibitor must be made in writing and must be received by IHA on or before April 20, 2010. Written cancellations received on or before April 20, 2010, entitles the exhibitor to a refund, less a \$50 processing fee, of all monies paid by the exhibitor to IHA before that date. Cancellations received after that date entitle IHA to keep all monies received from the exhibitor. Should the premises in which the IHA meeting is to be held become, in the sole judgment of the Association, unfit for occupancy, or should the meeting be materially interfered with for any reason subject to the discretion of IHA, the agreement for exhibit space may be terminated. IHA 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 IHA from all claims and damages and agree that IHA shall have no obligation except to refund the exhibitors pro-rata share of the aggregate amounts received by IHA as rental fees for booths after deducting all costs and expenses in connection with such exhibits, including reasonable reserve for claims. IHA shall not be responsible to exhibitors for damages, losses and/or claims from any cause whatsoever that may arise from exhibitor's participation in the IONL Spring Conference. Exhibitors assume the entire responsibility and liability for losses, damages and claims arriving out of injury or damage to exhibitor's displays, equipment and other property brought upon the premises of the Des Moines Marriott Downtown and shall indemnify and hold harmless IHA employees from any and all such losses, damages and claims. IHA reserves the right to make changes to this agreement. Any matters not specifically covered herein are subject to decision by IHA. IHA reserves the right to make such changes, amendments and additions to this agreement as considered advisable for the proper conduct of the exhibit with the provision that all exhibitors will be advised of any such changes.

- **Promotions.**

Raffles and drawings are encouraged. Vendors must advise IHA in advance if they plan to provide prizes during the trade show. Vendors will be responsible for distributing their prizes to the winners.

- **Audiovisual Effects.**

Audio and visual equipment being used in one exhibit area shall not unreasonably interfere with activities of any other exhibitor. Exhibitors and others are prohibited from playing music of any kind in the exhibit hall. IHA reserves full right to take any corrective action it deems appropriate.

- **Subletting.**

Subletting of exhibit space is prohibited.

- **Security.**

IHA cannot guarantee against loss, fire and damage. IHA's insurance policies do not provide coverage for exhibitor's protection. Exhibitors are responsible for their own property through insurance or self-insurance.

# Iowa Organization of Nurse Leaders Trade Show

## Exhibit Application and Agreement

May 7, 2010  
Hy-Vee Hall, Des Moines

AGREEMENT: The undersigned agrees to abide by the conditions and terms in the attached prospectus for exhibit space at this Iowa Hospital Association meeting.

Please print legibly or type information below

Company Name \_\_\_\_\_  
*(as it should appear in the Exhibitor Guide)*

Primary Contact \_\_\_\_\_  
*(all correspondence regarding this meeting will be sent to this individual)*

Title \_\_\_\_\_

Company Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email (required) \_\_\_\_\_ Date \_\_\_\_\_

### Representatives who will be present at the Trade Show *(limit of three (3) representatives per booth)*

The primary contact above will be attending the Trade Show as a booth representative.

Name/Title \_\_\_\_\_

Name/Title \_\_\_\_\_

Name/Title \_\_\_\_\_

### Company Description *(will appear in the Exhibitor Guide; should be 25 words or less)* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(application continued on back)*

List any companies you do not wish to be located next to  
(specify by company name)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IHA will make a good faith effort to accommodate all location requests. Final location decisions, however, are totally within the discretion of IHA. IHA further reserves the right to refuse an application for space for whatever reason it deems appropriate. In the case an application is refused, a full refund of any monies paid will be made.

Authorized Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

**Trade Show Fees**

- Exhibit Booth \$500.00
  - Exhibit Hall Break Sponsorship (2 available) \$1,000.00
- Total Due \$ \_\_\_\_\_

**Payment Information**

- Check (payable to IHA)
- Bill my institution
- Credit Card
  - American Express       Discover
  - MasterCard               VISA

Exhibitors at the IONL Spring Trade Show will have an opportunity to meet nurse leaders and key decision makers from many of Iowa's hospitals and health systems.

Cardholder Name (please print) \_\_\_\_\_

Credit Card No. \_\_\_\_\_ Security Code \_\_\_\_\_

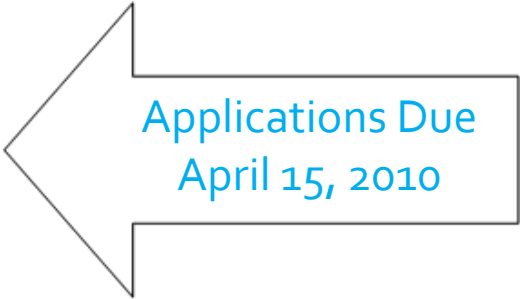
Expiration Date \_\_\_\_\_ Cardholder's Phone No. (\_\_\_\_\_) \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Complete this form and return **with payment** to:

**Mail:**  
Iowa Hospital Association  
Atten: Cara Harris  
100 East Grand Avenue, Suite 100  
Des Moines, IA 50309-1834

**Fax:**  
515.698.5142 or  
515.283.9366



For IHA Use Only	#125-5130-2003
Booth Number _____	Total Fee _____
Date Payment Received _____	Check Number _____