



1000 Westgate Drive, Suite 252
St. Paul, Minnesota 55114

P: 651-290-6288 F: 651-290-2266
www.AHVAP.org

EXHIBIT INFORMATION

Fees

Before August 6 – \$900
After August 6 – \$1,100

Hours

Thursday, October 21

- ▶ 7:00-9:00 am *Breakfast in exhibit hall*
- ▶ 12:00-1:00 pm *Networking Lunch with participants*
- ▶ 4:30-7:30 pm *Exhibit showcase followed by tear-down*

Payment

Payment is required in full with submission of AHVAP Exhibitor/Sponsorship Application & Contract. Confirmation will be returned to your company upon receipt of application and payment. Reservations will not be held without payment. No sponsorship benefits will be given without full payment.

Give-Aways

Any give-aways must be pre-approved by AHVAP. Request for approval must be submitted in writing and include a description of the item, proposed verbiage, and logo(s).

QUESTIONS?

Contact Bonnie Young at bonniey@ewald.com or call 651-290-6288. You can visit us online at www.AHVAP.org.

SPONSORSHIP OPPORTUNITIES

Extend your brand identity and marketing capabilities with a strong visible presence at the 7th Annual AHVAP Continuing Education and National Conference. Take advantage of the opportunity to tie your brand identity not only to the AHVAP, but to the educational aspects of this conference.

Sponsorship Fees

\$600

Benefits

- ▶ Prominent location in Exhibit Hall
- ▶ Recognition on signage at general sessions
- ▶ Booth signs indicating sponsorship
- ▶ Name badge ribbons indicating sponsorship
- ▶ Recognition in onsite program materials
- ▶ Logo included on pre-session slideshow
- ▶ Exclusive one-hour value analysis overview presentation and networking opportunity with organization leadership

Cancellation: No refunds will be given for cancellation of the AHVAP Sponsorship agreement after the acceptance by AHVAP.

Change or Substitution of Benefits: AHVAP reserves the right to change or substitute any AHVAP Sponsorship Opportunity or benefit at any time.

7th Annual AHVAP Continuing Education and National Conference

BUILDING a BRIDGE

2010 Exhibitor and Sponsor Prospectus

October 20-22, 2010
Sheraton Myrtle Beach
Convention Center Hotel
Myrtle Beach, SC



ABOUT THE CONFERENCE

You are invited to participate in the 7th Annual AHVAP Continuing Education & National Conference. This is a wonderful opportunity for you to showcase your products and services to key decision makers from healthcare organizations across the US.

The Association of Healthcare Value Analysis Professionals is a non-profit organization whose mission is to assist value analysis professionals in evaluating healthcare services for clinical quality and cost effectiveness. The organization is comprised of nurses and clinical professionals who use their knowledge and expertise to bridge the gap between clinical and business staff and coordinate the supply chain process.

Space is limited, so we encourage you to fill out the enclosed application form and return it to the AHVAP office as soon as possible.

IMPORTANT DATES AND TIMES

- ▶ **Early bird registration deadline:** August 6
- ▶ **Deadline for inclusion in onsite materials:** September 3
- ▶ **Exhibitor move-in:** October 20, 3-5 pm; October 21, 6-7 am
- ▶ **Exhibit date:** October 21
- ▶ **Exhibit hours:** 7-9 am and 4:30-7:30 pm

HOTEL INFORMATION

Sheraton Myrtle Beach Convention Center Hotel
 2101 North Oak St | Myrtle Beach, SC, 29577
 P: 843-918-5000 | F: 843-918-5120



Guest Room Rates

\$129 single or double occupancy
 Hotel room rates are subject to applicable state and local taxes.

Parking

Parking is \$5 per day, per vehicle for overnight guests in the Hotel's attached parking garage with unlimited in and out privileges.

Reservations

Call 888-627-8203 by September 28, 2010. Refer to the AHVAP Conference to secure this special group rate. Individual room cancellations require a 72-hour notice or a one night's room and tax will be charged.

GENERAL INFORMATION

Exhibit Space Specifications

All booths include:

- ▶ 6' skirted table
- ▶ Two padded side chairs

Exhibit fee includes attendance at the exhibitor showcase and opening banquet on Wednesday evening, one conference program booklet, and a complimentary set of attendee mailing labels.

Shipping

If you choose to ship directly to the hotel, be sure to check with The Sheraton Myrtle Beach regarding their ability to accept and store shipments, and any associated charges. Our meeting contact at the hotel is Robin Helsabeck at 843-918-5112.

Assignment of Space

AHVAP will assign booth space considering each exhibitor's needs, date received, and past participation.

Statement of Purpose

Program is for scientific and educational purposes only and will not promote the company's products, directly or indirectly.

Liability

The exhibitor acknowledges that the Association of Healthcare Value Analysis (AHVAP) shall not be obligated to maintain property, liability, or business interruption insurance covering the exhibitor. It is the sole responsibility of the exhibitor to obtain such insurance and the exhibitor must do so at his/her own expense.

Exhibitors are expressly bound, at their expense, to pay for or repair any and all damage to the exhibit facility where the 6th Annual Continuing Education & National Conference is being held, booth equipment, or the property of others caused by the exhibitor or any of its employee, agents, contractors, or representatives.

The exhibitor agrees to assume all risks of loss, injury, theft or damage of any kind or nature whatsoever to any exhibit or component thereof, including any goods, merchandise, papers, and business records or other property which may be in or come into the exhibitor's possession during the course of the Exhibition, or in the course of assembling or disassembling the exhibit and to assume all liability for damage to any person arising from the movement and operation of the exhibit and hereby releases, AHVAP, its contractors, and the owners and managers of the exhibit facility from any liability whatsoever in respect thereto.

The liability of AHVAP for any act, error, or omission for which it may be legally responsible shall not exceed the cost of any cash payment. AHVAP will not, in any event, be liable for consequential damages, including but not limited to, lost income or profits.

Cancellation Policy

Written notice to cancel must be received via fax, mail, or email by October 1, 2010, to receive a 50% refund. No refunds will be given after this date. No refunds will be given for cancellation of the AHVAP Sponsorship agreement after the acceptance by AHVAP.

If the AHVAP cannot hold the conference due to acts of God, war, government regulations, disaster, strikes, civil disorder, or curtailment of transportation facilitating other emergencies making it inadvisable, illegal, or impossible to provide the facilities or to hold the meeting, each prepaid registrant will receive a copy of conference handouts and any other materials that would have been distributed. Fixed conference expenses will be paid from the preregistration funds. Remaining funds will be refunded to pre-registrants. AHVAP is not responsible for any other costs incurred by pre-registrants in connection with the conference.

QUESTIONS?

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EXHIBITOR / SPONSORSHIP APPLICATION FORM

7th Annual AHVAP Continuing Education and National Conference
 October 20-22, 2010 | Myrtle Beach, SC

General Information

Exhibiting Firm _____
 Address _____
 City _____ State _____ Zip _____
 Main Phone _____ Fax _____
 Contact Name _____
 Direct Phone _____ Alternate Phone _____
 Email Address _____

Please describe products/services to be exhibited: _____

Registration

Exhibit Booth \$900 / on or before August 6 \$1,100 / after August 6
Sponsorship \$600
 Electricity needed

Please list representatives who will be staffing your booth (*Registration fee includes 2 representatives*):

1) _____
 2) _____

TOTAL PAYMENT ENCLOSED \$ _____

Payment Information

Payment in full must accompany application.

Check made payable to AHVAP (Check Number: _____) Mastercard Visa

Name on card _____
 Credit card # _____
 Phone _____ Exp Date _____ Security Code _____
 Signature _____

Cancellation Policy

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Please return completed form with payment to:

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(For office use only)

initials		fin.
date		
CK/CC		
amt. paid		
bal. due		