

HOSPITAL MEDICINE 2011

EXHIBIT APPLICATION AND CONTRACT



PERSONAL INFORMATION

Company Name: _____
Address: _____
City: _____ State/Province: _____ Zip/Postal: _____
Contact Person: _____ Title: _____
Daytime Phone: _____ Fax: _____
E-mail (mandatory): _____

BOOTH LOCATION

All 5 preferred booth locations must be indicated below. If all 5 locations are not indicated, exhibitor forfeits the right to be contacted if selections are no longer available. In such a case, SHM reserves the right to place the exhibitor in a like configuration in the best available location.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

BOOTH SPACE AND UPGRADES

- 10x10 inside booth (\$2,700)
- 10x10 corner booth* (\$2,900)
- 10x20 corner booths (\$5,900) – *limited availability*
- 20x20 island (\$20,000)
- Non-profit booth (\$2,000) *This discounted pricing is only available to non-profit companies located in the non-profit area*
- Job posting (\$600) *Description on page 9*
- Upgraded Exhibit Listing in Onsite Guide (\$500) *Description on page 8*

Total = _____

*Corner booth assignment is based on availability and is not guaranteed. Please note: Colors correspond to floor plan on page 10.

PRODUCT CATEGORY

Please select your product category for your company. This will be used in assigning booth space.

- | | |
|---|--|
| <input type="checkbox"/> Billing and Documentation | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Device | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Hospitalist Management Group | <input type="checkbox"/> Recruiting/Staffing |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Other: _____ |

PAYMENT OPTIONS

- Check enclosed. (Payable to Society of Hospital Medicine. Please remit in U.S. funds drawn on a U.S. bank.)
- Charge to: Visa MasterCard American Express

Card Number _____ Expiration Date _____

Card Holder's Name: _____ Signature _____

CONTRACT AGREEMENT

We/I agree to abide by all the requirements, restrictions, cancellation policies, and obligations noted in the fact sheet and all applicable legal requirements. We/I have enclosed \$ _____ (100%) of the charge for exhibit space and/or job/posting. Applications will not be processed without this payment. This application becomes a binding agreement when accepted. Please see page 14 for cancellation terms.

Authorized Signature (Exhibitor) _____ Title _____ Date _____

PLEASE DIRECT ANY QUESTIONS OR COMMENTS TO:

EXHIBITS, SOCIETY OF HOSPITAL MEDICINE, P.O. BOX 822898, PHILADELPHIA, PA 19182-2898
PHONE: 1-800-843-3360, FAX: 267-702-2690, E-MAIL: EXHIBITS@HOSPITALMEDICINE.ORG



HOSPITAL MEDICINE 2011

PRODUCT THEATRE APPLICATION AND CONTRACT

Note: This will not become binding until application is approved and signed by the SHM

PERSONAL INFORMATION

Company Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal: _____

Contact Person: _____ Title: _____

Daytime Phone: _____ Fax: _____

E-mail (mandatory): _____

Available Dates:	Available Time Slots:	Fee:	Circle time slot in order of Preference:
May 11, 2011	10:00 AM - 10:30 AM	\$5,000	1 st 2 nd 3 rd 4 th 5 th 6 th
May 11, 2011	11:50 AM - 1:10 PM	\$15,000 (includes lunch for 50)	1 st 2 nd 3 rd 4 th 5 th 6 th
May 11, 2011	2:25 PM - 2:45 PM	\$10,000	1 st 2 nd 3 rd 4 th 5 th 6 th
May 12, 2011	7:00 AM - 8:00 AM	\$12,000 (includes breakfast for 50)	1 st 2 nd 3 rd 4 th 5 th 6 th
May 12, 2011	10:30 AM - 11:00 AM	\$5,000	1 st 2 nd 3 rd 4 th 5 th 6 th
May 12, 2011	12:00 PM - 1:30 PM	\$15,000 (includes lunch for 50)	1 st 2 nd 3 rd 4 th 5 th 6 th

Additional 30 minute time slots are available on May 11 & 12 that run concurrent with HM11's educational sessions for a discounted fee of \$3,000. Please contact SHM for details.

PAYMENT OPTIONS

Check enclosed. (Payable to Society of Hospital Medicine. Please remit in U.S. funds drawn on a U.S. bank.)

Charge to: Visa MasterCard American Express

Card Number _____ Expiration Date _____

Card Holder's Name: _____ Signature _____

NAME AND DESCRIPTION OF PROMOTIONAL PRODUCT

NAME OF SPEAKER(S)

DESCRIPTION OR PRESENTATION (Please Provide Up To 200 Word Description, or Attach To Application)

CANCELLATION TERMS

Cancellations must be received in writing. SHM will use the date of receipt of the notice as the official cancellation date. If a sponsor cancels prior to December 31st they forfeit 50% of the total fee. If a sponsor cancels after December 31st, no refund will apply.

AGREEMENT

I, the undersigned, hereby make application for a presentation slot in the Product Theater at Hospital Medicine 2011. I am an authorized representative of the company with the full power and authority to sign and deliver this application. The company listed on this application agrees to comply with all Product Theater Guidelines and Exhibit Rules and Regulations which are hereby incorporated into this contract, and agrees that acceptance forms a binding contract.

Authorized Officer's Name: _____ Title: _____



PRODUCT THEATRE REQUIREMENTS

REQUIREMENTS:

- Any and all promotional and session material, including printed invitations, mailers, etc for the Product Theater must be approved, in writing, by SHM prior to release and distribution. It is the sole responsibility of the sponsor to work directly with SHM to obtain this approval.
- All approved promotional and marketing material must contain the following statement: "The Product Theater's content and views expressed therein are those of the sponsor and not of SHM".
- Application and payment must be received, signed and approved by SHM in order to confirm acceptance of Product Theater and time slot assigned.

NOTE: SHM reserves the right to deny or restrict any subject presentations that would compromise the integrity of either the Product Theater or the exhibition.

PREVIOUS EXHIBITORS INCLUDE

Advanced InPatient Solutions
AdvanDx
AFStat
Alaska Native Medical Center
Allina Hospitals and Clinics
American Academy of Nurse Practitioners
American Academy of Physician Assistants
American Board of Internal Medicine
American College of Chest Physicians
American College of Physicians
American Medical Association
American Regent, Inc.
Answer Excellence
Astellas Pharma US, Inc.
AstraZeneca
Aurora Health Care
Baxter Healthcare Corporation
Baylor Health Care Systems
Billings Clinic
B-Line Medical
BMA Enterprises, Inc
Calmoseptine, Inc.
Career Staff Unlimited
Carilion Clinic
Cejka Search
Christiana Care Health System
Clarian Arnett Health
Cogent Healthcare
Community Health Systems
Community Hospitalist
CompHealth
Cubist Pharmaceuticals
D&Y
Dartmouth - Hitchcock Medical Center
Dean Clinic
Eagle Hospital Physicians
Eisai, Inc.
EmCare Inpatient Services
Emory Healthcare
Endion Hospitalist Systems
EPBS - Intermedix
Fairview Health Services
Favorite Physicians
Galen Inpatient Physicians
GE Healthcare
GlaxoSmithKline
Global Medical Staffing
HCA- Hospital Corporation of America
Health Quest
Healthcare Risk Specialists

Hospital Physician Partners
Hospitalist Billers
Hospitalist EMO
Hospitalist Management Group (HMG)
Hospitalist News
Hospitalist Services Medical Group
HospitalistWorking.com
HRA Research
IN Compass Health, Inc.
In House
InGenious Med, Inc.
Inpatient Management, Inc.
Inpatient Medical Services, Inc
Insurance Data Services, Inc.
Intercede Health
Interim Physicians LLC
IPC - The Hospitalist Company
Jackson & Coker
Kadlec Health System
Kaiser Permanente
Kawai Veterans Memorial Hospital
Kindred Healthcare, Inc.
Kootenai Health
Lantheus Medical Imaging, Inc.
Legacy Health
Lightning Bolt Solutions, Inc.
Locum Leaders
Locum Medical Group
Martin Gottlieb & Associates
Mary Washington Hospital/MediCorp
Masimo
Maxim Physician Resources
Medcenter One
Medical Software Group, LLC
MedPlan Recruiting, Inc.
Medstaff National Medical Staffing
Medtronic, Inc.
Merck & Company, Inc.
Mirrus Systems, Inc
Mission Medical Associates
Moonlighting Solutions
Moses Cone Health Systems
Mountain State Health Alliance
Multicare Health System
Munson Healthcare
Nemours/Alfred I Dupont Hospital for Children
Net Android Corp.
New England Journal of Medicine
New England Physician Recruitment
North Shore Medical Center

NOVA Biomedical
Novo Nordisk Inc.
On Call Medical Coats
Optima Professional Services, LLC
OptiVox
Otsuka America Pharmaceutical, Inc.
Park Nicollet Health System
Passy-Muir Inc.
Patient Keeper
PeaceHealth
Pfizer Inc.
Physicians' Practice Enhancement (PPE)
Pikeville Medical Center
PracticeLink.com
PrimeDoc Hospitalist Group
Questcare Partners- Hospitalist Division
Rutland Regional Medical Center
Sage Products Inc.
Salar, Inc.
Salem Hospital
Shareable Ink
SonoSite, Inc.
Sound Physicians
Southeast Missouri Hospital
Southern Hospitalists
St. Bernards Medical Center
St. John's Clinic
St. Joseph's Hospital Health Center
St. Mary's Medical Center
St. Vincent Healthcare
Staff Care, Inc.
TeamHealth Hospital Medicine
Teed & Company
Texas Health Resources
The Coding Network, LLC
The Delta Companies
The Doctors Company
The Schumacher Group
The University of Tennessee Physician
Executive MBA Program
The Valletta Group, Inc.
Today's Hospitalist
Tuomey Healthcare System Professional Recruitment
UCB, Inc.
Vanguard Health System
VISTA Staffing Solutions
Wiley-Blackwell

CONTRACT AND REGULATIONS

PRIORITY POINTS AND SPACE ASSIGNMENT PROCESS

The Priority Points System recognizes exhibitors who have contributed to SHM's success by providing a fair and equitable space assignment process. Exhibit space will be assigned based on an exhibitor's previous participation at SHM Annual Meetings. Companies will receive (1) point for each year they have exhibited at the SHM Annual Meeting, regardless of the size and/or location of their booth. SHM, at its discretion, may award additional priority points from time to time outside the method described in this section. In order to maintain a company's priority point number, exhibitors must participate once in a two year period. The Priority Point System will remain in effect until December 15, 2010. Where ranking is the same, the earliest postmark will prevail. After December 15, 2010, space will no longer be assigned based on priority points but will be available on a first come, first served basis. SHM makes every effort to accommodate your preferred location.

CANCELLATION AND REDUCTION TERMS BY EXHIBITOR

Cancellation and reductions must be received in writing. SHM will use the date of receipt of the notice as the official cancellation/reduction date.

- If an exhibitor cancels space after December 31, 2010, the fee is 50% of total exhibit space
- If an exhibitor reduces space after December 31, 2010, the fee is 50% of the difference in price of the downgrade
- If an exhibitor cancels or reduces space after January 29, 2011 the fee is 100% of total exhibit space, irrespective of the reason for cancellation and reduction

INSTALLATION AND DISMANTLING OF EXHIBITS

The specific requirements as to time for installation and dismantling of exhibits are set forth in the Exhibitor Service Manual supplied to each exhibitor. Exhibitors agree to wait until the official hall closing time before dismantling booths, regardless of traffic flow. Dismantling of exhibits prior to the official hall closing time may result in loss of priority points and additional action as deemed by SHM.

STAFFING OF EXHIBITS

Exhibits must be staffed and operational during all scheduled exhibit hours. Booths that are not staffed during these hours will lose their priority points.

BOOTH OPERATIONS

Exhibitors should not operate in a way that violates the rights of another exhibitor. Exhibitors may not obstruct the view or interfere with the traffic of other exhibitors. General promotion, demonstration and distribution of literature/samples must take place inside your assigned booth. Exhibit areas should be kept clean and in good order. No part of any exhibit, or related signs, shall be posted, nailed, or otherwise attached to columns, walls, floors, or other parts of the building or its furniture, in any way to deface them. The exhibitor is liable for damage from failure to observe these rules.

INDUSTRY GUIDELINES

In recent years, much attention has been given to the relationships between the pharmaceutical and medical device/equipment industry and health care professionals. Gifts, individual relations, and professional education have been topics at the forefront of discussion. SHM reminds all exhibitors of their responsibility to be aware of and abide by all applicable association codes including but not limited to, those listed below:

- Advanced Medical Technology Association (AdvaMed)
- Code for Interactions with Companies (CMSS)
- Code of Ethics for Interactions with Health Care Professionals
- American Medical Association Opinion 8.06
- Gifts to Physicians from Industry
- Compliance Program Guidance for Pharmaceutical Manufacturers
- Pharmaceutical Research and Manufacturers of America (PhRMA)
- Code of Interaction with Healthcare Professionals

DISTRIBUTION OF PRODUCT

FDA Regulations: Exhibitors must abide by all applicable Food and Drug Administration (FDA) regulations, including but not limited to any or all approval requirements. Exhibitors are reminded that the FDA generally prohibits the advertising or other promotion of investigational or unapproved drugs and devices. The FDA also forbids the promotion of approved drugs or devices for unapproved uses. All products that have not been FDA approved for a particular use in humans or that are not commercially available in the United States will be permitted to be exhibited only when accompanied by appropriate signage indicating the device's clearing status. The signs must be easily visible and placed near the products themselves and on any graphics depicting the product. The exhibitor shall have available at the booth a letter from the FDA, which describes the allowable use status of the product(s). Exhibitors are cautioned about the FDA's prohibition on promoting cleared-for-marketing devices for unapproved uses. Requests for information and guidance should be directed to the FDA.

SELLING OF PRODUCTS OR SERVICES

Exhibitors may display products that they have manufactured. Exhibitors electing to take orders must do so in a manner consistent with the professional nature of the exhibit and all applicable laws.

GIVEAWAYS, CONTESTS, AND RAFFLE DRAWINGS

Exhibiting companies are permitted to distribute giveaways in accordance with the AMA Ethical Guidelines on Gifts to Physicians and other relevant regulations. Giveaways should be educational and associated with products or services of the exhibiting company. Contests, drawings and raffles should be modest and cannot exceed \$300 in value.

SOUND RESTRICTIONS

No equipment or voice-reproducing machines can be operated in such a manner as to cause a disturbance to other exhibitors. Earphones should be provided, or such devices should be enclosed in a special soundproof booth. SHM reserves the right to determine when sound is interfering with another exhibit and must be discontinued.

PHOTOGRAPHY AND VIDEOTAPING

The taking of photographs, other than by the official photographer is expressly prohibited.

THIRD-PARTY REPRESENTATIVES

Any agency representing a technical or professional exhibitor must submit their client's name, contact information, address, telephone & fax numbers, signature and title with application.

EXHIBITOR SERVICE MANUAL

An Exhibitor Service Manual containing the necessary forms for ordering equipment, exhibitor badges, and services for booths will be sent to each exhibitor in January. The Exhibitor Service Manual will not be mailed until receipt of final payment.

OFFICIAL DECORATOR

Hargrove, Inc.
One Hargrove Drive
Lanham, MD 20706
Phone: 888-790-9792
Fax: 301-306-9318

The official decorator is responsible for labor arrangements, furniture rental, and placement of incoming and outgoing freight, signage, and drayage service. It also serves as liaison between the exhibitor and other subcontractors (cleaning, electrical, or other) and is there to ensure a smooth operation within the Exhibition Hall.

USE OF EXHIBITOR-APPOINTED CONTRACTORS

If you plan to use a service contractor other than the official contractor, notify the SHM Exhibit Coordinator in writing by February 23, 2011. Otherwise, the exhibitor-appointed contractor will not be permitted to set up your booth. Please refer to the Exhibitor Service Manual for the use of exhibitor-appointed contractor forms and regulations. Exhibitor-appointed contractors are required to furnish SHM with an insurance certificate in the amount of \$1,000,000 liability to include property damage prior to the meeting. The certificate must indicate full coverage for the installation and dismantle dates.

HANDICAPPED AREAS

The Gaylord Texan Resort & Convention Center is in compliance with accessibility as defined by the Americans with Disabilities Act (ADA). Exhibitors are reminded to construct their booths in full compliance with the ADA.

USE OF THE SHM NAME, INSIGNIA, LOGO OR ACRONYM

The Society of Hospital Medicine, and the Hospital Medicine 2011, name, insignia, logo and acronym are proprietary marks and may not be used in signs, advertising, or promotions in any media or product literature either inside or outside of the exhibit area, before, during or after the meeting, unless prior written approval has been received from SHM.

LIABILITY, SECURITY & INSURANCE

Exhibitors must make provisions for safeguarding their display and property at all times. General guard service will be provided by SHM for the exhibition period, but SHM, the guard service, and the Gaylord Texan Resort & Convention Center will not be responsible for the loss of any material by any cause. The exhibitor assumes entire responsibility and hereby agrees to protect, indemnify, defend and save the Society of Hospital Medicine, Hargrove, Inc., and the Gaylord Texan Resort & Convention Center and its employees and agents harmless against all claims, losses, or damages to persons or property, governmental charges or fines and attorney's fees arising out of or caused by the exhibitor installation, removal, maintenance, occupancy, or use of the exhibition premises or part thereof, excluding any such liability caused by the primary negligence of the Society of Hospital Medicine, Hargrove, Inc., and the Gaylord Texan Resort & Convention Center and its employees and agents, or by acts of God, or by other events beyond the control of the Society of Hospital Medicine.

In addition, the exhibitor acknowledges that the Society of Hospital Medicine, Hargrove, Inc., and the Gaylord Texan Resort & Convention Center do not maintain insurance covering the exhibitor's property and that it is the sole responsibility of the exhibitor to obtain business interruption and property damage insurance covering such losses by the exhibitor. A copy of the exhibitor certificate of insurance confirming a minimum coverage of \$1,000,000 aggregate and naming the Society of Hospital Medicine as an additional insured on the insurance certificate is required. The Society of Hospital Medicine shall obtain and keep in force during the term of the installation and use of the exhibit premises policies of Comprehensive General Liability Insurance and Contractual Liability Insurance insuring and specifically referring to contractual liability set forth in the foregoing paragraph hereof, in amount not less than \$1,000,000 Combined Single Limit for personal injury and property damage.

CANCELLATION OF ANNUAL MEETING

Upon execution of the exhibitor application, it is mutually agreed that in the event of cancellation of the Annual Meeting due to fire, strikes, governmental regulations, or causes that would prevent its scheduled opening or continuance, then and thereupon this agreement will be terminated and SHM management shall determine an equitable basis for the refund of such portion of the exhibit fees as is possible, after due consideration of expenditures and previous commitments.