

# EXHIBITION CONTRACT

Please print or type.

1. Complete all Parts of this Contract.
2. Please make a copy of the entire contract for your records.

**Please sign and return the contract to:**

Exhibit Coordinator  
Pennsylvania Emergency Health Services Council  
600 Wilson Lane, Suite 101  
Mechanicsburg, PA 17055  
Fax: (717) 795-0741

## PART I - Execution of Contract

PEHSC reserves the right to decline or prohibit any exhibit, exhibitor or proposed exhibit or exhibitor, not approved by it, and to permit only such matter and conduct as it may approve. This reservation covers persons, things, conduct, printed matter, advertisements, souvenirs, and emblems, and all else which affects the conference.

The Exhibitor (Applicant) indemnifies and agrees to hold harmless the sponsoring and operating organization, The PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL (PEHSC), and the legal entities which own, lease, and/or operate the PEHSC, their members, officers, directors, and employees against any or all damages to property or personal injury or loss caused by the Exhibitor (Applicant) or his agents, representatives, employees, or any other person.

The Exhibitor (Applicant) assumes complete responsibility and liability for all injury to any and all persons or property or in any way connected with the Exhibitor's (Applicant) display caused by the Exhibitor (Applicant), his agents, representatives, or employees.

**I/We have read the entire contract including the Terms and Conditions and agree to abide to its contents. This contract is not binding upon PEHSC until it has been duly accepted and signed by its authorized representative.**

**EXHIBITOR (Applicant):**

\_\_\_\_\_  
Corporation/Organization Name

\_\_\_\_\_  
Representative - Please print

\_\_\_\_\_  
Title

\_\_\_\_\_  
E-mail address (**all** correspondence regarding the conference will be sent to this address)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**PEHSC Use Only:** Booth Assignment: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date Received: \_\_\_\_\_

**PENNSYLVANIA EMERGENCY HEALTH SERVICES COUNCIL Accepted by:**

\_\_\_\_\_  
Representative - Please print

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Thank you for participating in Pennsylvania's 32<sup>nd</sup> Annual EMS Conference**

**PART II - EXHIBIT LISTING**

The exhibit description should be printed in all publicity as follows:

*Company Name* \_\_\_\_\_

*Name to Appear on Signage (if different than company name)* \_\_\_\_\_

*Mailing Address* \_\_\_\_\_  
 \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

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

*Email address* \_\_\_\_\_ *Website* \_\_\_\_\_

*Lead Exhibit Person* \_\_\_\_\_ *Title* \_\_\_\_\_ *Phone* \_\_\_\_\_

**Description of Service and/or Product:** (attach additional sheets if necessary)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If possible, please **do not** locate our booth near the following companies / products \_\_\_\_\_  
 \_\_\_\_\_

**PART III - EXHIBIT REPRESENTATIVES**

**Each exhibitor shall receive the number of conference registrations and exhibitor passes, which permits access to conference, exhibit hall and education sessions, as according to their sponsor level.** Tickets for the annual EMS golf tournament, and other special events may be purchased separately. A copy of the conference brochure will be forwarded to you when available.

Additional representatives may be registered at the cost of \$60.00 each. This includes a morning and afternoon break and lunch, but does not include conference sessions. Any additional representative at the booth who wishes to attend educational sessions for continuing education credit must pay the full admission fee for the conference. A form to register for con-ed will be sent upon request. Please note that representatives per exhibit are limited to the number outlined in the exhibit terms and conditions unless prior approval is received from PEHSC.

List below those representatives who will be staffing your exhibit:

- Representatives -

	<b>Name</b>	<b>Title</b>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

- Additional Representatives (\$60.00 each) -

**ADDITIONAL REPRESENTATIVE TOTAL: \$ \_\_\_\_\_**

## PART IV - EXHIBIT FEE & SELECTION

Type of Exhibit

Platinum Sponsor	\$3500 - _____	Number of tables desired: 1 or 2 (circle)
Premium Gold Sponsor	\$1500- _____	
Gold Sponsor	\$1000- _____	
Silver Sponsor - Indoors	\$750- _____	
Silver Sponsor - Outdoors	\$750- _____	

Exhibit Set Up Hours:	Wednesday, August 12, 2009	11:00 am – 4:00 pm
Exhibit Tear Down:	Friday, August 14, 2009	after 6:00 p.m. ( <u>no exceptions</u> )
Exhibit Display Hours:	Wednesday, August 12, 2009	4:00 pm – 6:00 pm (light dinner reception)
	Thursday, August, 13, 2009	9:30 am – 11:00 am , 12:00 pm – 6:00 pm
	Friday, August, 14, 2009	9:30 am – 11:00 am , 12:00 pm – 6:00 pm

EXHIBIT FEE & SELECTION TOTAL: \$ \_\_\_\_\_

## PART V – SPONSORSHIP OPPORTUNITIES

Golf Tournament Sponsor - \$ 350 \_\_\_\_\_  
 Additional two (2) golfers - \$130 \_\_\_\_\_

## PART VI - METHOD OF PAYMENT

TOTALS:

Part III - Additional Representatives	\$ _____	
Part IV - Exhibit Fees	\$ _____	
Part V – Sponsorship Opportunities	\$ _____	
<b>GRAND TOTAL</b>		<b>\$ _____</b>

Payment: \_\_\_\_\_

Check (payable to PEHSC) \_\_\_\_\_ Check Number \_\_\_\_\_ Amount of Check \$ \_\_\_\_\_

Credit Card: \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Charge Amount \$ \_\_\_\_\_

Security Code on Back of Card: \_\_\_\_\_ (we will not be able to process your credit card without this information).

Print Name as it appears on Card: \_\_\_\_\_

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

Signature: \_\_\_\_\_

## PART VII - SPECIAL REQUESTS

Exhibitors requiring special requests such as electrical outlets, phone/computer lines, additional furniture, etc. must obtain these services directly through the exhibit contractor (Holiday Inn Harrisburg/Hershey). A packet of order forms from the Holiday Inn Harrisburg/Hershey will be sent to you upon receipt of this contract. **Payment for these additional services must be remitted directly to the Holiday Inn Harrisburg/Hershey. Do not send these requests or payment to PEHSC.** If you have other special requests for your exhibit space, please indicate them here. PEHSC, although not bound to meet these needs, may attempt to accommodate them for you.

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