

Reform, Resources & Research: A Rural Health Renaissance?



Exhibitor Opportunities – NOSORH invites non-profit organizations with rural health-minded missions to attend and exhibit at the ORHP grantees and NOSORH annual meeting in Oklahoma City, November 14-17. There are ample opportunities for participants to visit your exhibit during the Sunday evening reception, Monday morning registration and pre-conference meetings, Tuesday special networking and exhibitor time and Wednesday before our HIT post-conference meeting.

Come help us celebrate the 15th Anniversary of NOSORH and the 20th Anniversary of the SORH program

Exhibitor fee of \$500 will provide your organization with:

- One conference registration
- 6' table space during the conference
- Skirted table with 2 chairs
- ID sign (8.5" H x 11" W)
- Recognition in the conference materials
- Associate membership in NOSORH – newsletter, committee membership, meeting discounts

Digital Submission

All logos must be submitted as digital files and may be sent on disc or emailed. Artwork for print can be submitted in the following formats: EPS, TIFF, JPEG, or PDF. Resolution for jpg files must be 240 dpi or greater. Files may be received in their original formats (PC only) using the following software packages: Photoshop, Publisher, Illustrator or Corel Draw. All fonts should be converted to paths or necessary font should be submitted with the artwork.

Artwork must be submitted by: October 15, 2010

Exhibitor Display Rules & Regulations

ASSIGNMENT OF SPACE: Space assignments will be made on a first-paid, first-assigned basis, after assignment of NOSORH sponsor tables. NOSORH reserves the right to make such changes to the floor plan of displays as may be deemed necessary.

EXHIBITOR FEES AND PAYMENT: Applications will NOT be processed or space assigned without the required payments or purchase order. All applications must be accompanied by either full payment or purchase order and paid within 30 days of receipt of invoice. Receipt of payment does not obligate NOSORH. NOSORH retains the option of returning funds.

CANCELLATION: Cancellation of exhibit space must be directed in writing to NOSORH, 44648 Mound Rd., #114, Sterling Heights, MI 48314 or email to donnap@nosorh.org.

INSTALLATION AND DISMANTLING:

Sunday, November 14, 2009 – 4:30-5:45 or after 7 PM (Display set-up)

Monday, November 15, 2009 – 7:00 – 10:45 (Display set-up)

Wednesday, November 17, 2009 – after 12:00 – 12:30 or after 4:30 pm (Display dismantle)

Times subject to change upon notification by NOSORH

SHIPPING: Approximately 15 days prior to the conference NOSORH will send each exhibitor a confirmation with conference information and shipping instructions needed during the installation and removal of displays.

HOTEL INFORMATION: Renaissance Oklahoma City is providing special group rates for the participants of the NOSORH conference.

The discounted rates are offered through October 14, 2010. Rates: \$169 per night

Renaissance Oklahoma City | 10 North Broadway | Oklahoma City, OK 73102 | (405) 228-8000

To reserve your hotel accommodations, please call the hotel's reservation line at (800) 468-3571. To receive the special discounted rate, be sure to indicate that you are attending the NOSORH Annual Conference.

Reform, Resources & Research: A Rural Health Renaissance?

EXHIBITOR APPLICATION

Exhibitor (\$500) # of tables reserved: _____ Exhibitor Amount: \$ _____

Exact name of organization for listing and signage (text only – no logos)

DISPLAY INFORMATION

Electric hook-up Internet connection (additional charges) Other _____

The Exhibitor agrees to abide by all rules, requirements, restrictions, and regulations designated by Conference Management. Failure to abide by such rules and regulations results in forfeiture of all monies paid by or due from Exhibitor.

Total: \$ _____

METHOD OF PAYMENT

- Check (*Make payable to NOSORH*) - NOSORH **does not** accept credit cards for payment
 Purchase order, payable within 30 days of receipt of invoice

CONTACT PERSON INFORMATION *(please print or type)*

First Name _____ Last Name _____ Email _____

Organization _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip/Postal _____

Phone _____ Fax _____

Brief one or two sentence description of services/products offered by your organization:

Please send this completed form with payment to NOSORH, 44648 Mound Rd., #114, Sterling Heights, MI 48314
Phone: 586-336-4627 | Fax: 586-336-4629 | Email: donnap@nosorh.org

Reform, Resources & Research: A Rural Health Renaissance?



Conference Registration

Renaissance Oklahoma City | Oklahoma City, OK 73102 | (405) 228-8000

PLEASE TYPE OR PRINT LEGIBLY (Please complete one form per person)

First Name: _____

Name on Badge (as you prefer on the badge) _____

Last Name: _____

Title: _____

Organization: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip/Postal: _____

Phone: _____ Fax: _____

Email: _____

CONFERENCE REGISTRATION FEES

Exhibitor (additional representative) - **\$250**

MEAL OPPORTUNITIES

 (Please assist us in making an accurate meal count, indicate which meals you plan to attend)

Special Meal Requirements: Vegetarian Gluten Free Other _____

Monday, November 15, 2010	Tuesday, November 16, 2010	Wednesday, November 17, 2010
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Breakfast
<input type="checkbox"/> AM Break	<input type="checkbox"/> AM Break	<input type="checkbox"/> AM Break
<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch
<input type="checkbox"/> PM Break	<input type="checkbox"/> PM Break	

OPTIONAL GROUP ACTIVITIES

 (see activities descriptions on attached sheet)

Monday, November 15, 2010	Tuesday, November 16, 2010
<input type="checkbox"/> Pre-conferences: \$25 ___ EMS ___ Working with Rural Health Clinics	<input type="checkbox"/> Optional Group Activity – Buffet Dinner in Historic Bricktown (includes dinner and soft beverages) – Cost: \$25
<input type="checkbox"/> Optional Group Activity - Casual, outdoor dinner at Val Schott's home (includes catered German meal, transportation, and all beverages) – Cost: \$35	

TOTAL DUE: \$ _____

*Please make checks payable to: NOSORH
Payable by mail or on-site at the meeting*

Please send this completed form with payment to NOSORH, 44648 Mound Rd., #114, Sterling Heights, MI 48314

Phone: 586-336-4627 | Fax: 586-336-4629 | Email: donnap@nosorh.org