



Exhibitor Prospectus

NC Orthopaedic Association 2016 Annual Meeting

October 7-9, 2016
The Pinehurst Resort
Village of Pinehurst, NC

North Carolina Orthopaedic Association (NCOA)
2016 Annual Meeting

The 2016 Annual Meeting is a much anticipated gathering of orthopaedic surgeons, residents, fellows, and medical students from across North Carolina. The next NCOA Annual Meeting will be held in Village of Pinehurst, North Carolina at the Pinehurst Resort, October 7-9, 2016.

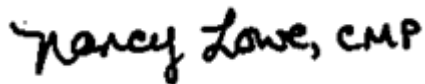
Healthcare organizations, pharmaceutical companies, device manufacturers, insurance companies, and other vendors are invited to participate as exhibitors and sponsors of the three-day meeting. The NCOA extends opportunities for displays, sponsorship of specific aspects of the meeting, and CME speaker underwriting during the meeting. Sponsorship opportunities are available at different monetary levels to fit all types of needs and budget constraints. Networking and recognition opportunities are abundant for health-related and consumer businesses that participate.

Supporters receive:

- Four and one half-plus hours of dedicated display time and/or access to attendees
- Two refreshment breaks, Friday cocktail reception, and Saturday and Sunday breakfast with attendees
- Dinner with attendees on Saturday night, for Silver, Gold and Platinum level sponsors (see below)
- Discounted group hotel rate
- Attendee contact lists (prior to meeting upon request, hard copy at meeting, post meeting)
- Recognition of organization in print, electronic and in on-site program

Please review the enclosed exhibitor information and make plans soon to participate at this important meeting of the North Carolina orthopaedic community. If you have any questions or would like further information on the meeting or sponsorship opportunities, contact me at nlowe@ncmedsoc.org or (919) 833-3836.

Sincerely,



Nancy Lowe, CMP
Associate Director

P.S. Applications received after September 15, 2016, will incur a \$500 late fee and are not guaranteed to be in printed materials. Payment must be made by that date for inclusion in printed materials.

- **Standard Exhibit space is \$1,500 per 8' x 8' booth and two exhibitor passes.**
- **Silver Level Exhibitor Package is \$5,000, includes priority booth location, two exhibitor passes, two tickets to the Saturday awards banquet and special mention in the printed program and in verbal announcements.**
- **Gold Level Exhibitor Package is \$7,500, includes premium booth location, four exhibitor passes, four tickets to the Saturday awards banquet, and additional recognition as Gold Sponsor in the printed program and in verbal announcements.**
- **Platinum Level Exhibitor Package is \$10,000, includes two 8' x 8' booths in premium location, six exhibitor passes, six tickets to the Saturday awards banquet, and additional recognition as Platinum Sponsor in the printed program and in verbal announcements.**
- **Standard exhibits are assigned on a first-come, first-served basis as signed applications and monies are received. Assignments of booth location are made by the NCOA.**

NC Orthopaedic Association
APPLICATION FOR EXHIBIT SPACE
ANNUAL MEETING, OCTOBER 7-9, 2016

TAX ID #58-1433163

Proper completion and submission of this application for exhibit space at the NCOA 2016 Annual Meeting shall mean the applicant accepts and agrees to abide by the provisions of this application and Appendix A, Exhibitor Terms and Conditions, which is hereby incorporated and made part of this contract as well as such additional rules and regulations that the NCOA deems necessary provided such additional rules and regulations do not materially alter the exhibitor's contractual rights. A contract for exhibit space shall be completed only after a properly completed application along with a payment in full is received by the NCOA office.

Payment in full must accompany the "Application for Exhibit Space" via check (payable to NCOA), Visa or MasterCard (**American Express is not accepted**). Please fill in the information requested on this form. Retain a copy for your files, and sign and return this application with payment to:

NCOA * PO Box 27167 * Raleigh, NC 27611 * Fax 919-833-2023

Attn: Nancy Lowe nlowe@ncmedsoc.org

Cancellations by September 1 receive a 50% refund; no refunds provided for cancellations after that date.

NCOA is hereby authorized to reserve space for our use in the exhibit area of the 2016 NC Orthopaedic Association Annual Meeting.
Payment must be received prior to September 15, 2016, to ensure acknowledgement in printed materials.

*** Applications received after September 15, 2016, will incur a \$500 late fee, and are not guaranteed to be in printed materials.**

☐ **8' X 8' booth** – \$1,500 is enclosed with check or credit card information below

☐ **Silver Sponsor Package (8' x 8' booth in priority location, two tickets to banquet)** – \$5,000 is enclosed with check or credit card information below

☐ **Gold Sponsor Package (8' X 8' booth in premium location, four tickets to banquet)** – \$7,500 is enclosed with check or credit card information below

☐ **Platinum Sponsor Package (TWO 8' X 8' booths in premium location, six tickets to banquet)** – \$10,000 is enclosed with check or credit card information below

Visa or MasterCard - **American Express is not accepted**

Credit Card Number: _____ Security Code: _____ Expiration Date: _____

Name on Card: _____ Amount to be charged: \$ _____

Signature of CC Holder: _____ Date: _____

Company/Organization Name: _____

Lettering for Booth Sign and Printed Materials: _____
(Tables will be supplied with an identification sign. Please print.)

Market Competitors you would prefer not to be placed near: _____

Is electricity required for display (fee included in exhibit fee)? _____ Yes _____ No

Company Contact Person: _____

Title: _____

Billing Address: _____ City, State, Zip: _____

Phone: _____ E-mail: _____

Company Representative(s) Attending Meeting (individual representative information for name badges and NCOA records):
Use additional sheet if necessary. Exhibit registration includes from two to six representatives, depending on level of support.
Please update the NCOA office as soon as possible as representative names are assigned or changed prior to the meeting.

Name: _____ Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone: _____ Phone: _____

E-mail: _____ E-mail: _____

Signature of person authorized to approve contract

Printed name of authorized signer

Date

Appendix A: Exhibitor Terms and Conditions

1. **SPACE** - The space contracted is to be used solely for the Exhibitor whose name appears on the Contract. The Exhibitor shall not sublet or assign any portion of same without the written consent of the NCOA. Sponsors receive prime display locations and exhibitor space is assigned by the NCOA on a first-come, first-served basis as signed applications and monies are received by the NCOA office. Two chairs per table are included.
2. **ALL PROMOTIONAL MATERIALS, COLLATERAL OR ACTIVITIES** must be confined within the limits of the Exhibitor's purchased space. Per CME regulations such materials are not permitted in the meeting room or at the meeting registration desk, and may not be delivered to attendees' hotel rooms. **Product theater events require a separate contract;** contact the NCOA.
3. **ALL BOOTHS** and decorations **MUST** concur with the facility regulations, city ordinances, and local fire codes. Any violations may result in the removal of any materials found to be in violation. Materials for booth decorations and construction must consist of fire resistant material.
4. **IN EVENT EXHIBITION IS NOT HELD** - The NCOA shall not be liable for any damages or expense incurred by Exhibitors in the event the show is delayed, interrupted, or not held as scheduled.
5. **SECURITY** - Security will not be provided in the exhibit area. Exhibitors are urged to remove all valuables during non-exhibit hours. Exhibitor agrees that neither the NCOA nor the facility management is financially liable for theft, damage, loss, or disappearance of any kind. The NCOA recommends all Exhibitors contact their insurance agents to confirm proper coverage of exhibit materials. Please read carefully the coverage provided by decorators and shipping companies to determine if additional coverage is necessary. Any additional security must be arranged by the Exhibitor at his own expense, directly from the facility. The facility will be locked during the time that exhibits are not being shown; however, certain facility employees will have access to the space for cleaning, etc.
6. **LIABILITY** - Exhibitor agrees that neither the NCOA, nor its representatives, will be responsible for any injury, loss, or damage that may occur to the Exhibitor, the Exhibitor's employees, family, or associates, or property from any cause whatsoever. The Exhibitor, on signing the contract, expressly releases the aforementioned from any and all claims for such loss, damage, or injury.
7. **CANCELLATIONS** - Cancellations by 9/1/16 receive a 50% refund. No refunds are provided for cancellations after that date.
8. **ELECTRICITY** - The NCOA will provide standard 110-volt electricity at no additional charge upon request. Please indicate on the application if electricity is required. For additional power needs, exhibitors should contact the facility.
9. **SIGNAGE** - An identification sign will be provided for each table.
10. **SHIPPING** - Vendors are responsible for ALL arrangements in the shipping of exhibits. Please bring your company's own shipping forms and account number in order to make your own shipping arrangements. Shipping information will be sent with a confirmation to the "Company Contact" listed on the application.
11. **HOTEL RESERVATIONS** – Exhibitors may use the group's discounted hotel rates. Hotel information with group code will be sent with a confirmation to the "Company Contact" listed on the application.

ASSOCIATION CONTACT

For additional information, please contact:

Nancy Lowe, CMP, Associate Director

North Carolina Orthopaedic Association

PO Box 27167 (222 North Person Street), Raleigh, NC 27611

Phone: (919) 833-3836 / Fax: (919) 833-2023

Email: nlowe@ncmedsoc.org

Thank you for your interest in supporting the NCOA and our physician members!

PRELIMINARY EXHIBITOR SCHEDULE
Exact times are subject to change.

FRIDAY, OCTOBER 9, 2016	
Between 3:00pm and 5:30pm	Exhibitor Move In/Set Up
5:30-7:00pm	Reception for Attendees and Exhibitors
SATURDAY, OCTOBER 10, 2016	
7:00am-8:00am	Continental Breakfast and Exhibit Visitation
9:30am-10:00am	Break and Exhibit Visitation
6:30pm-10:30pm	Awards Banquet for Attendees and Silver, Gold and Platinum Sponsors
SUNDAY, OCTOBER 11, 2016	
7:00am-8:00am	Continental Breakfast and Exhibit Visitation
9:30am-10:00am	Break and Exhibit Visitation
10:00am	Door Prize Drawing
10:00am	Exhibitor Tear Down/Move Out

