Exhibitor Prospectus

North Carolina Society of Otolaryngology and Head & Neck Surgery

2020 NC/SC Otolaryngology Assembly

July 24-26, 2020
Omni Grove Park Inn
Asheville, NC
The Otolaryngology Assembly is a much anticipated gathering of otolaryngologists, residents, and medical students from across North and South Carolina. The next NC/SC Otolaryngology Assembly will be hosted by the NC Society of Otolaryngology and Head & Neck Surgery, and will be in Asheville, NC at the Omni Grove Park Inn, July 24-26, 2020.

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 NCSOHNS extends opportunities for exhibit displays, as well as sponsorship of specific aspects of 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:
- Six-plus hours of dedicated display time and/or access to attendees
- Friday cocktail reception, Saturday and Sunday breakfasts and daily refreshment breaks with attendees
- Optional Saturday dinner with attendees for Gold and Platinum level supporters
- Discounted group hotel rate
- Attendee contact lists (prior to meeting upon request, hard copy at meeting, post meeting)
- Recognition of organization in print, in on-site program, and in meeting room slides

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

Sincerely,

Nancy Lowe, CMP
Director

P.S. Please note: Exhibit applications received after July 1, 2020 will incur a $500 late fee.

- **Standard Exhibit space is $2,500 per 8’ x 8’ booth** (includes 6’ table and 2 chairs and attendance for up to two reps).
- **Gold Sponsor Package is $3,750**, which includes priority booth location, attendance for up to four reps, up to four tickets to the Saturday dinner, and special mention in the printed program and in verbal announcements.
- **Platinum Sponsor Package is $5,000**, which includes a double booth (two 6’ tables) in premium location, attendance for up to six reps, six tickets to the Saturday dinner, and additional recognition as Platinum Sponsor in the printed program and in verbal announcements.
- **Standard booths are assigned on a first-come, first-served basis as signed applications and monies are received. Assignments of table location are made by the NCSOHNS.**
NC Society of Otolaryngology and Head & Neck Surgery
APPLICATION FOR EXHIBIT SPACE
NC/SC OTOLARYNGOLOGY ASSEMBLY, JULY 24-26, 2020

NCSOHNS is hereby authorized to reserve space for our use in the exhibit area of the 2020 Otolaryngology Assembly. Payment must be received prior to July 1, 2020 to ensure acknowledgement in printed materials.

* Forms received after July 1, 2020, will incur a $500 late fee.

☐ 8' X 8' Booth (includes 6' Table and attendance for up to two reps) – $2,500 is enclosed with check or credit card information below

☐ Gold Sponsor Package (8' X 8' Booth, priority location, attendance for up to four reps, and four dinner tickets) – $3,750 is enclosed with check or credit card information below

☐ Platinum Sponsor Package (Double Booth [2 6' Tables], premium location, attendance for up to six reps, and six dinner tickets) – $5,000 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: ________________________________

Wording for Booth Sign and Printed Materials: ____________________________________________________________

(Booths will be supplied with an identification sign. Please print.)

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

If electricity is required for display, please note: _________Yes

Company Contact Person: ________________________________

Title: ________________________________

Billing Address: ________________________________ City, State, Zip: ________________________________

Phone: ________________________________ Email: ________________________________

Company Representative(s) Attending Meeting (individual representatives will be asked to register online):
Use additional sheet if necessary. Please update the NCSOHNS 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: ________________________________

Email: ________________________________ Email: ________________________________

Signature of person authorized to approve contract ________________________________ Printed name of authorized signer ________________________________ Date ________________________________

Proper completion and submission of this application for exhibit space at the 2020 Otolaryngology Assembly 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 NCSOHNS 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 NCSOHNS office.

Payment in full must accompany the “Application for Exhibit Space” via check (payable to NCSOHNS), 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:

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

Cancellations by June 15, 2020, receive a 50% refund; no refunds provided for cancellations after that date.

TAX ID #56-1271757
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 NCSOHNS. Sponsors receive prime display locations and exhibitor space is assigned by the NCSOHNS on a first-come, first-served basis as signed applications and monies are received by the NCSOHNS 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 NCSOHNS.

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 NCSOHNS 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 NCSOHNS, nor the facility management is financially liable for theft, damage, loss, or disappearance of any kind. The NCSOHNS 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 NCSOHNS, 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 6/15/20 receive a 50% refund. No refunds are provided for cancellations after that date.

8. ELECTRICITY - The NCSOHNS will provide standard 110-volt electricity at no 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, Director
North Carolina Society of Otolaryngology and Head & Neck Surgery
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 NCSOHNS and our physician members!
<table>
<thead>
<tr>
<th>FRIDAY, JULY 24, 2020</th>
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<tbody>
<tr>
<td>Between 10:00am and 3:00pm</td>
<td>Exhibitor Move In/Set Up</td>
</tr>
<tr>
<td>3:00pm-3:30pm</td>
<td>Afternoon Break and Exhibit Visitation</td>
</tr>
<tr>
<td>5:30pm-7:00pm</td>
<td>Reception for Attendees and Exhibitors</td>
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<tr>
<td>SATURDAY, JULY 25, 2020</td>
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<tr>
<td>7:00am-8:00am</td>
<td>Continental Breakfast and Exhibit Visitation</td>
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<tr>
<td>10:00am-10:30am</td>
<td>Morning Break and Exhibit Visitation</td>
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<tr>
<td>6:30pm-9:00pm</td>
<td>Optional Dinner for Attendees and Gold and Platinum exhibitors</td>
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<tr>
<td>SUNDAY, JULY 26, 2020</td>
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<tr>
<td>7:00am-8:00am</td>
<td>Continental Breakfast and Exhibit Visitation</td>
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<tr>
<td>10:00am-10:30am</td>
<td>Morning Break and Exhibit Visitation</td>
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<tr>
<td>10:30am</td>
<td>Door Prize Drawing</td>
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<tr>
<td>After 10:30am</td>
<td>Exhibitor Tear Down/Move Out</td>
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