



MINNESOTA COLLEGE OF ACUPUNCTURE & ORIENTAL MEDICINE'S

Tenth Annual GREAT RIVER SYMPOSIUM and SPRING GATHERING 2010

March 26-28, 2010

Dear Exhibitor:

As a valued supporter of acupuncture and Oriental medicine, we would like to invite you to a special event coming to our campus in Bloomington, Minnesota, **March 26-28, 2010.**

This coming spring, the Minnesota College of Acupuncture and Oriental Medicine at Northwestern Health Sciences University will present

The Tenth Annual Great River Symposium and Spring Gathering.

The program will attract a strong attendance from the profession.

Additionally, because attendees will be on campus for three days, companies will have **a wonderful opportunity to gain valuable exposure** while exhibiting their products and services.

We hope you will join us by participating in the symposium as an exhibitor or event sponsor. Please look over the information on booth rates as well as sponsorships. The booths will be located in the Foyer area directly outside the auditorium where most of the lectures will be presented. The nutrition breaks will also be located in the exhibit area to provide opportunities for the symposium attendees to visit your booth.

The exhibit area is **always one of the highlights** of any conference. We hope you will join us and help to make this event a huge success. **If you have any questions, please call Wendy Ruchti at Northwestern Health Sciences University at (952/800) 888-4777, ext. 166.**

We look forward to working with you.

Sincerely,

Deborah A. Peterson

Executive Director of Alumni,
Development and Career Services

EXHIBITOR INFORMATION

CONFERENCE & EXHIBIT LOCATION

Northwestern Health Sciences University
2501 West 84th Street
Bloomington, MN 55431
(952) 885-5412 or
(800) 888-4777, ext. 166

EXHIBIT SET-UP

Thursday, March 25, 2010
2 p.m. - 5 p.m.

EXHIBIT HOURS

Friday, March 26, 2010
9 a.m. - 5 p.m.
Saturday, March 27, 2010
8 a.m. - 6 p.m.
Sunday, March 28, 2010
8 a.m. - 12:30 p.m.

BOOTH REMOVAL

Sunday, March 28, 2010
Your booth must be removed when the seminar concludes at 12:30 p.m.

YOUR BOOTH RENTAL INCLUDES

- 8-foot high background drape with 3-foot side dividers
- One 6-foot draped table
- One identification sign 7 inches x 44 inches
- Name badges
- Two chairs
- One electrical hook-up (Booth size 8x8)
- Internet access available

COMPLIMENTARY

- A luncheon ticket for Friday and Saturday
- An invitation to the Saturday evening dinner (Additional tickets to the luncheons may be purchased by indicating the number on the registration form.)

EXHIBIT REGISTRATION FEES

All exhibit spaces are \$375 per booth. If you have a need for more than one space, the cost for each additional space will be reduced to \$350.

SPONSORSHIP INFORMATION

Your company may become the sole sponsor of one of the symposium functions. Receive special recognition by sponsoring a morning or afternoon nutrition break, one of the luncheons, or one of the receptions on Friday or Saturday evening. This is a great opportunity to gain exposure for your

company. Please see the Exhibit Registration Form for information on sponsorship fees and registration.

SHIPPING INFORMATION

All freight shipped should be sent to:
Your Company Name
Attn: Deborah Peterson
Northwestern Health Sciences University
2501 West 84th Street
Bloomington, MN 55431

If you have any questions regarding shipping, please contact the Alumni Office at (952/800) 888-4777, ext. 166.

HOTEL RESERVATIONS

Receive the special rate of \$89 for a king or two double beds when you mention NWHSU Great River Symposium. **Reservations must be made by March 15, 2010.**

Hilton Minneapolis/Bloomington
3900 American Boulevard West
Bloomington, MN 55437
(800) 445-8667

SOLICITING

Non-exhibitors or representatives of non-exhibiting companies will not be permitted to canvass or solicit business in the exhibit area, at the meeting site(s), or in the host hotel.

SECURITY

Although security will be on duty during non-exhibit hours, it is expressly agreed that Northwestern Health Sciences University shall not be liable for any loss of or damage to goods or property of any exhibitor, prior to, during or subsequent to the time of the exhibition. Exhibitors are responsible for their property.

MISCELLANEOUS

Northwestern Health Sciences University reserves the right, with or without cause, to reassign or cancel space at any time before the event. The Minnesota College of Acupuncture and Oriental Medicine reserves the right to restrict any exhibit which in their judgement is detrimental or detracts from the general order of the exhibits.



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EXHIBIT REGISTRATION FORM

Please send this form with payment to:

NORTHWESTERN HEALTH SCIENCES UNIVERSITY, 2501 West 84th Street, Bloomington, MN 55431 **Or FAX to:** (952) 886-7597

SPACE IS LIMITED. Reservations are available on a first-come, first-served basis. Please print or type.

Company Name _____

We would like our sign to read as follows:

Company Name _____

Product Exhibited _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax _____ E-mail _____

Nametags needed (please list names): _____

Electrical Needs:

_____ 110-volt, 20-amp outlet(s) Internet access? ____ Yes ____ No

_____ Electricity beyond 110 volt/20 amp - Please describe equipment along with amperage and voltage requirements. _____

Booth Rental Fees

All exhibit spaces are \$375 each. If you have a need for more than one space, the cost for each additional space will be reduced to \$350. Additional tables may be ordered at \$40 each. Please order in advance. Extra tables are not available on site.

Spaces reserved _____ x \$ _____	\$ _____
Extra tables _____ x \$40 (extra tables will be provided only if requested in advance)	\$ _____

Sponsorship Fees

Receive special recognition for your company.

A.M. Nutrition Break \$300 each _____ Fri. _____ Sat. _____ Sun. \$ _____

P.M. Nutrition Break \$300 each _____ Fri. _____ Sat.. \$ _____

Saturday Dinner \$800 _____ \$ _____

Luncheon Sponsorship \$600 _____ Fri. _____ Sat. \$ _____

Need additional luncheon Tickets? Please order below:

Friday Luncheon: # of tickets _____ x \$14 \$ _____

Saturday Luncheon: # of tickets _____ x \$14 \$ _____

Method of Payment

TOTAL PAYMENT \$ _____

Check Enclosed (Please make checks payable to Northwestern Health Sciences University)

Please Charge my VISA/Mastercard/Discover:

Card Number _____ Exp. Date _____ CVV Code: _____

Authorized Signature _____ *(three-digit code on back of card)*

Important Note:

A fee will be assessed for cancellations after March 21, 2010, unless Northwestern elects to cancel your booth space. Northwestern reserves the right, with or without cause, to reassign, cancel, or deny spaces at any time before the event. Northwestern reserves the right to restrict an exhibit which in the judgement of Northwestern is detrimental or detracts from the general order of the exhibits.