

The School of Massage Therapy

2009 Winter Symposium

March 7-8, 2009

Dear Exhibitor:

As a valued supporter of massage therapy, we would like to invite you to a special event coming to our campus in Bloomington, Minnesota, **March 7-8, 2009.**

This coming year, The School of Massage Therapy at Northwestern Health Sciences University will present **The Sixth Annual Winter Symposium.** The program will attract a strong attendance from the profession with interesting presentations including: open cadaver lab, extremity techniques, self care, marketing and much more. Additionally, because attendees will be on campus for two 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 W. 84th St., Bloomington, MN 55431
(952) 885-5412 or
(800) 888-4777, ext. 163 or ext. 166

EXHIBIT SET-UP

Friday, March 6, 2009
2 p.m. - 5 p.m.

EXHIBIT HOURS

Saturday, March 7, 2009
9 a.m. - 6 p.m.
Sunday, March 8, 2009
8 a.m. - 3 p.m.

BOOTH REMOVAL

Sunday, March 8, 2009
Your booth must be removed when the seminar concludes at 3 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
- Internet access

COMPLIMENTARY

- one Saturday luncheon ticket
 - one Sunday luncheon ticket
 - one 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 \$300 each. If you have a need for more than one space, the cost for each additional space will be reduced to \$275.

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 the Saturday evening dinner. This is a great opportunity to gain exposure for your company. Please see the reverse side 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 W. 84th St.
Bloomington, MN 55431

If you have any questions regarding shipping, please contact the Alumni Office at (800) 888-4777, ext. 163.

HOTEL RESERVATIONS

The Hilton Minneapolis/Bloomington is providing a special rate of \$89 for Northwestern's Winter Symposium. Reservations must be made by Feb. 25, 2009, to receive the special rate. You may call the Hilton at (952) 893-9500 or (800) 445-8667. Be sure to say you are with the Northwestern Massage Therapy Winter Symposium package when you make your reservation.

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 School of Massage Therapy reserves the right to restrict any exhibit which in their judgement is detrimental or detracts from the general order of the exhibits.

Exhibitor Registration Form on reverse side ---->



The School of Massage Therapy

2009 Winter Symposium

March 7-8, 2009

Exhibit Registration Form

Please send this form with payment to: NORTHWESTERN HEALTH SCIENCES UNIVERSITY 2501 W. 84th St., 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): _____

Please Indicate Additional 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 \$300 each. If you have a need for more than one space, the cost for each additional space will be reduced to \$275.

Additional tables may be ordered at \$40 each. **Extra tables are not available on site. Please order in advance.**

One space reserved x \$300 plus additional space(s) _____ x \$275

Extra tables _____ x \$40 (only provided when requested in advance) \$ _____

Sponsorship Fees

Receive special recognition for your company.

A.M. Nutrition Break \$200 each _____ Sat. _____ Sun. \$ _____

P.M. Nutrition Break \$200 each _____ Sat. _____ Sun. \$ _____

Saturday Dinner \$700 _____ Sat. _____ Sun. \$ _____

Luncheon Sponsorship \$400 _____ Sat. _____ Sun. \$ _____

Luncheon and Saturday Evening Dinner

The cost of the booth space includes one complimentary ticket for each of the luncheons and the Saturday evening dinner.

Indicate the quantity below for **additional tickets**.

Friday Luncheon: _____ x \$14 Saturday Luncheon: _____ x \$14 Saturday Dinner: _____ x \$25 \$ _____

Method of Payment

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

Visa MasterCard Discover Card Number _____ Exp. Date _____

CVV Code (3-digit code on back of card): _____ Authorized Signature _____

TOTAL PAYMENT \$ _____

Important Note:

A fee will be assessed for cancellations after Friday, Feb. 27, 2009, 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.

By signing this form, I agree to all the terms on the Exhibitor Information sheet (Located on the reverse side).

Signature: _____ Date: _____