2nd Annual Oncology Massage Summit
Apr 30 – May 1, 2010
Northwestern Health Sciences University
Bloomington, MN

Exhibitor Information

Conference and Exhibit Location

Northwestern Health Sciences University
2501 W 84th Street, Bloomington, MN 55431
(952) 885-5446 or (800) 888-4777 x446

Exhibit Set Up

Thursday, April 29, 2010
2 p.m. – 8 p.m.

Exhibit Hours

Friday, April 30, 2010
8:00 a.m. to 4:30 p.m.
Saturday, May 1, 2010
8:00 a.m. to 4:00 p.m.

Booth Removal

Sat, May 1, 2010
After last break – must be removed when conference adjourns

Booth Rental Includes

- 8 foot table with cloth
- Access to electrical outlet (bring own cords)
- Name badges
- Two chairs
- Wireless internet access
- Free tickets to lunch
- Nutrition breaks

Booth Rental Fee

$300

Sponsorship Opportunities

You company can be the sole sponsor of one of the summit's functions. Receive special recognition by sponsoring a morning or afternoon break, lunch or the welcome reception. See the registration form for pricing options.

Shipping Information

You can ship up to 72 hours prior to the event.
Jenny Bell, Continuing Education
ATTN: 2010 Oncology Massage Summit
Northwestern Health Sciences University
2501 W 84th St, Bloomington, MN 55431
Include your company name on the box(es).

Hotel Reservations:

Hilton Minneapolis/Bloomington
3900 American Blvd, Bloomington, MN 55437
(952) 893-9500
Mention Northwestern for discounted room rate.

Security

Although security is on duty during the non-exhibit hours, it is expressly agreed that Northwestern 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 exhibition. Exhibitors are responsible for their property.

Policies

Presence at Northwestern Health Sciences University Continuing Education programs and/or provision of services at these programs does not imply our endorsement of exhibitor products and/or services.

Absolutely no selling, appearance of selling and/or endorsement of exhibitor products will be allowed within the classroom or from the podium.

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Exhibitor Registration Form

Your payment must accompany this form. *Questions? Please contact Jenny Bell at 952-887-1390 or jbell@nwhealth.edu*

Company Name:_____

On-Site representative(s) (*print clearly used for name tags*): _____

_____

Product(s) Exhibiting:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Email:_____

Phone:_____ Cell:_____

Booth Rental

Exhibit spaces are $300 each. _____ x $300 = _____

Additional tables are $40 each and must be ordered **in advance**. _____ x $40 = _____

Sponsorship Opportunities

Receive special recognition for your company.

Morning Nutrition Breaks ($200 per day) _____ x $200 = _____

Afternoon Nutrition Breaks ($200 per day) _____ x $200 = _____

Lunch ($400 per day) _____ x $400 = _____

Welcome Reception ($700) $700 = _____

Total Amount: _____

Payment

Or checks made payable to "NWHSU"

Credit card #:_____

Address/zip:_____

3-digit code:_____ Exp Date:_____ Signature:_____

Cancellation policy:

A $50 cancellation fee will be assessed after Apr 15, 2010. Northwestern reserves the right, with or without cause, to reassign, cancel or deny space at any time before the event. We also reserve the right to restrict an exhibit which in the judgments of the University or its partners is detrimental or detracts from the general order of the exhibits.