

EXHIBIT SPACE CONTRACT CONDITIONS & REGULATIONS

CONTRACT TERMS

Each exhibitor and employees of the exhibiting company or their representative agree to abide by the terms of this contract. You understand that the sole control of the exhibit hall rests on Russo CME. Russo CME assumes no liability for any negligent act or omission of the exhibit, the service contractor and others. Also, Russo CME will not be responsible for any loss, injury or damage, including that by fire and theft which may occur to any exhibitor or their agents or employees, or to their property or wares, arising from any cause whatsoever prior, during, or subsequent to, the period of this exhibit. By exhibiting, each exhibitor expressly understands that they release Russo CME from any and all claims for any such loss, injury or damage.

SECURITY

All exhibitors are responsible for their own exhibit materials and should insure their exhibits against loss or damage. All property of exhibitors is understood to remain in their care, custody, and control in transit to or from or within the confines of the exhibit area. All losses or damage will be your responsibility.

CANCELLATION

All cancellations must be forwarded in writing to Russo CME. Liability shall be limited to a refund of the exhibit payment, and a fee equal to 50% of the full fee will be assessed if the cancellation is postmarked or emailed by March 14, 2017; no refunds after this date.

CONFIRMATION

A confirmation notice will be sent to the contact person listed on the exhibitor registration form via email.

ATTENDING CONFERENCE

Exhibitors are welcome to attend the conference as learners but all sales must be outside of the conference room in the exhibit hall. Exhibitors can listen to the conference with no extra fee, but if you are attending for credits then you will need to sign up separately as a attendee and pay the registration fee.

**REGISTRATION DEADLINE:
MARCH 22, 2017**

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EXHIBITOR ON-SITE ARRIVAL & REGISTRATION

After we receive confirmation from the venue, exhibit setup will be available the night before on March 23 from 5pm - 7pm. Otherwise the building will be open to set up on March 24-25 at 6:30AM. Exhibit needs to be up by the 10am break.

Conference material packets will be available at the conference at your arrival.

EXHIBITION PROVISIONS

Russo CME conference management will determine placement of all exhibits. Exhibit tables are 6' by 2', draped with a white linen, and a chair will be provided. Exhibitors must bring their own extension cords. Exhibitors will be assigned space on a first come, first serve basis. Conference management has the right to change the location of the exhibit space within the exhibit area without notice. Exhibitors will be contacted prior to the conference to confirm any information about additional equipment and booth furnishings.

EXHIBITION SCHEDULE

Exhibitors are welcome to exhibit before the conference starts but all tables need to be set up by the 10am break. The first conference break is at 10:00 AM, lunch is at 12:20 PM, and the afternoon break is at 3:15 PM.

CHANGES

The interpretation and application of these regulations are the responsibility of Russo CME. Any violations by the exhibitor of any of the terms and conditions herein shall subject exhibitor to cancellation of their contract to occupy booth space and to forfeiture of any monies paid on the account thereof. In the event that unforeseen events make it necessary, Russo CME will have the right to amend these rules or make additions hereto, and all such amendments or additions shall be made known promptly to each exhibitor.

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RUSSOCME PRESENTS:

YAKIMA VALLEY MEDICAL CONFERENCE

EXHIBITORS INVITATION



MARCH 24 & 25, 2017

YAKIMA, WA

Registration due:
March 22, 2017

CONFERENCE

SCHEDULE

REGISTRATION

MARCH 24, 2017	7:45AM TO 5:30PM	MARCH 25, 2017	7:45AM TO 4:30PM
7:30AM	REGISTRATION	7:30AM	REGISTRATION
7:45AM	INTRODUCTION	7:45AM	INTRODUCTION
8:00AM	NEUROLOGY - SWEDISH TO BE DETERMINED	8:00 AM	OBGYN CARLY INGALLS, MD
9:00AM	INSOMNIA BILL DAVIES, BS, PAC	9:00AM	PSYCHIATRY KATE ISBELL, MD
10:00AM	BREAK / EXHIBITS	10:00AM	BREAK / EXHIBITS
10:20AM	HEP C ANNE LARSON, MD	10:20AM	SLEEP AND LINKS TO CARDIOVASCULAR DISEASE BILL DAVIES, BS, PAC
11:20AM	TO BE DETERMINED SAJAL KUMAR, MD	11:20AM	TO BE DETERMINED NAZEM AKOUM, MD
12:20PM	LUNCH / EXHIBITS	12:20PM	LUNCH / EXHIBITS
1:15PM	HEARING IMPLANTS SWEDISH	1:15PM	MS LUCAS MCCARTHY, MD
2:15PM	PITUITARY TUMORS SWEDISH	2:15PM	OBESITY JEFFREY HUNTER, MD
3:15PM	BREAK / EXHIBITS	3:15PM	BREAK / EXHIBITS
3:30PM	LOW BACK PAIN	3:30PM	UNINARY INCONTINENCE MATTHEW UHLMAN, MD
4:30PM		ACTUAL DAY AND TIME OF EACH SPEAKER MAY VARY	

THIS SCHEDULE IS TEMPORARY

EXHIBIT LEVELS

- ◆ **LEVEL 1 EXHIBITOR \$900**
Recognized as a Gold Exhibitor, ad in introduction, 1/2 page ad enclosed in conference schedule, 2 draped booth tables, and 3 representatives.
- ◆ **LEVEL 2 EXHIBITOR \$700**
Ad in introduction, 1/4 page ad enclosed in conference schedule, 1 draped booth table, 2 representatives
- ◆ **LEVEL 3 EXHIBITOR \$450**
Name recognized in introduction, 1 draped booth table, 1 representative

REGISTRATION

- ◆ Regular registration available through March 22, 2017.

LOCATION

- ◆ The Conference will be held at the Howard Johnson Hotel in Yakima. The exhibits will be set in a room adjacent to the conference room.
9 N. 9TH ST., YAKIMA, WA 98901

ACCOMMODATIONS

- ◆ Conference has a special discounted rate of \$85 for any person coming to the conference. Just mention the conference when you are booking your room for discount.

Contact Information

Company/Organization _____

Rep(s) Attending Conference _____

Title/Position _____

Business Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Contact Person _____

Payment

Please enclose a check addressed to RussoCME.

I have read and agree to the terms in the Exhibitor Contract

Signature Required _____

Exhibition Fees

Please list what level of exhibit your company will be:

- Exhibit Level _____ \$ _____
- Additional Exhibitor Table \$400 \$ _____
- Additional Representative \$50 x _____ = \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

Payment Options

- Checks (no processing fee)
- Credit Card (\$20 Processing Fee) \$ _____

TOTAL \$ _____

Make check payable to: RussoCME

Mail to: RussoCME, 9207 Stonecrest Rd, Moses Lake, WA 98837

Please Contact Diane for any questions

Phone: (509) 989 - 9800

Fax #: (877) 754-0320

Email: russocme1@gmail.com

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