



ORAL HEALTH FLORIDA CONFERENCE July 26-28, 2017

Florida Hotel & Conference Center
1500 Sand Lake Road, Orlando, FL 32809, 407-859-1500

EXHIBITOR & SPONSOR REGISTRATION FORM GENERAL INFORMATION AND RESPONSIBILITIES CONTRACT

As in past years, the Florida Public Health Association, the Florida Department of Health Public Dental Health Program, and Oral Health Florida are collaborating to hold their annual meetings at the same time, providing a rich and diverse audience for exhibitors to reach. membership will be in attendance. Last year's conference had over 200 attendees, including over 100 dentists and hygienists.

❖ General Information ❖

HOTEL ACCOMMODATIONS: Cutoff date for special room rate is 5pm on July 1, 2017. For reservations call the Florida Hotel and Conference Center Reservations Department at 1-800-588-4656. Be sure to identify yourself as an attendee of the **Florida Public Health Association – Oral Health Florida Conference** to receive the **special group rate of \$105** (double or king) plus tax per night single or double occupancy. After this date, reservations will be accepted based on hotel availability and may not be eligible for discounted rate. Cancellations must be made within 72 hours of arrival to avoid a penalty charge of 1 room night plus applicable taxes.

EXHIBITING: All breaks will be held in the exhibit hall to maximize interaction between exhibitors and meeting attendees.

BOOTH RENTAL: Each exhibit will be provided a 6-foot tables. Space is limited, so you reserve your booth as soon as possible. Electricity and additional amenities will be available upon advance request (see application form).

SHIPPING: If you plan to ship any items, please mark them: Attention – Barry Aduabato, OHF Conference (The Florida Mall, 1500 Sand Lake Rd, Orlando, FL 32809). Delivery of pallets and/or boxes to the hotel are subject to the fee of \$5.00 per box. Additionally, \$5.00 will apply after the fifth day of storage.

CANCELLATIONS: Once a formal application has been received; cancellations must be submitted in writing, no later than two weeks prior to the opening day of the exhibits. All exhibit fees must be paid in full at least two weeks prior to conference date. There will be a \$25 service charge for every refund requested. If no notification is provided, the applying company will be responsible for the entire exhibit fee.

❖ ORAL HEALTH FLORIDA - EXHIBIT SCHEDULE ❖

WEDNESDAY, JULY 26

| | |
|---------------------|--------------------------------------|
| 10:00 am – 12:00 pm | Exhibitors Set-up |
| 12:00 pm – 6:00 pm | Exhibit Show |
| 3:00 pm – 3:15 pm | Afternoon Break with Exhibitors |
| 5:00 pm – 6:00 pm | Networking Reception with Exhibitors |

THURSDAY, JULY 27

| | |
|-------------------|---------------------------------|
| 7:30 am – 5:00 pm | Exhibit Hall Open |
| 7:30 am – 8:00 am | Morning Coffee (or Breakfast) |
| 9:45am – 10am | Break |
| 12pm – 1 pm | Lunch |
| 2:30pm – 3 pm | Afternoon Break with Exhibitors |

FRIDAY, JULY 28

| | |
|---------------------|---|
| 7:30 am – 1:00 pm | Exhibit Hall Open |
| 7:30 am – 8:00 am | Morning Coffee (or Breakfast) with Exhibitors |
| 10:15 am – 10:45 am | Morning Break with Exhibitors |

GENERAL INFORMATION AND RESPONSIBILITIES CONTRACT

❖ Rules and Regulations ❖

Booths will be provided as indicated in this prospectus. Exhibits must be installed so that they do not project beyond the space allotted. No interference with the light or space of other exhibitors will be permitted. Exhibitor is responsible for damage to property (see: Responsibility Agreement). No signs or other articles shall be posted, nailed or otherwise attached to any of the pillars, walls, doors, etc., in such manner as to deface or destroy them. No attachments shall be made to the floors by nails, screws or any other device. All space is leased subject to these restrictions.

DISPLAY REQUIREMENTS AND RESTRICTIONS: The Florida Public Health Association retains the right to deny the exhibition of inappropriate items and products. Please contact the Exhibit Manager with any questions.

IRREGULAR CANVASSING AND DISTRIBUTION OF ADVERTISING MATTER: Solicitation of business or conferences in the interest of business except by exhibiting firms is prohibited. Exhibitors are urged to report to the Exhibit Manager any violations of this rule. Canvassing by exhibitors outside of their booths is also forbidden. Circulars or advertising matter of any description shall not be distributed except from the exhibitor's booth.

EXHIBITS OF ELECTRICAL AND RADIOGRAPHIC EQUIPMENT: Machines and apparatus operated by electricity must be shown as "still" exhibits. Practical demonstrations of x-ray apparatus and accessories or any noisy apparatus of any kind will not be permitted. No objection will be made to the utilization of electricity for illuminating purposes or for operating smaller diagnostic instruments and electrotherapeutic apparatus that do not distract or annoy other exhibitors.

SUBLETTING OF SPACE: No subletting of space will be permitted. Each firm represented in the Technical Exhibit must sign the regular Exhibit Application and Agreement. Any person or firm subletting space, as well as the one purchasing space, will be subject to eviction. No refund will be made for space reserved.

UNCONTROLLED EVENTUALITIES: The Florida Public Health Association and Oral Health Florida will take all reasonable precautions against damage or loss by fire, water, storm, theft, strike or any other emergencies of that character but does not guarantee or insure the exhibitor against loss by reason thereof (see "Responsibility Agreement").

EXHIBITION SALES POLICY: Exhibitors may not accept payments in cash or checks or deliver merchandise in the exhibit hall.

PHOTO/VIDEO DISCLAIMER: By registering for and attending this conference, you agree that your image may be taken during the conference and used at any time, without further notification, in printed materials, websites, social media, and other marketing purposes.

❖ RESPONSIBILITY CONTRACT ❖

PLEASE READ THE FOLLOWING STATEMENTS THOROUGHLY, PRINT (this page only), SIGN AND RETURN WITH REGISTRATION FORM AND CHECK.

Exhibitor assumes entire responsibility and hereby agrees to protect, indemnify, and defend the Florida Public Health Association (FPHA), Oral Health Florida (OHF) and The Florida Hotel & Conference Center, the affiliates, officers, directors, agents, employees, and partners of each (“Indemnified Parties”) harmless against all claims, losses and damages, including negligence, to persons or property, governmental charges or fines and attorney’s fees arising out of or caused by Exhibitor’s installation, removal, maintenance, occupancy or use of the exhibit premises or a part thereof.

In addition, Exhibitor acknowledges that the Indemnified Parties do not maintain insurance covering Exhibitor’s property and that it is the sole responsibility of the Exhibitor to obtain business interruption, property damage and comprehensive general liability insurance.

We/I have read and agree to abide by all requirements, restrictions and obligations set forth in the 2017 Exhibitor Prospectus, the policies governing exhibitors, those on this application and those which may be set forth in the future in connection with the 2017 Annual Conference. We/I further acknowledge that FPHA/OHF reserves the right to reject, at its discretion, any application to exhibit.

Contact Name: _____

Title: _____

Authorized Signature: _____

Company Name: _____

Mail or Email Responsibility Agreement, Exhibitor Registration Form, and Check to:

ORAL HEALTH FLORIDA C/O FLORIDA PUBLIC HEALTH ASSOCIATION
14646 NW 151ST BLVD
ALACHUA, FL 32615

CONTACT INFORMATION:
PHONE: (386)-518-6811
EMAIL: fpha@srahec.org



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EXHIBITOR & SPONSOR REGISTRATION FORM

Company Name: _____
Address: _____
City, State, Zip: _____
Contact Person: _____
Phone: _____
Fax: _____
Email: _____
Number of Booths Requested: _____

Sponsorships:

I would like to provide sponsorship at the:

- Platinum Level \$10,000
- Gold Level 5000-\$9999
- Silver Level \$2,500-\$4999
- Corporate \$1,000-\$2,499

Sponsors receive a complimentary exhibit booth

Exhibitor:

I would like to only exhibit

- Commercial \$600
- Non-Profit Organization \$200

Includes table top display on 6ft tables and one (1)

Representative (participation in social and meal functions; each additional person is \$30/day)

In addition to exhibiting, please have OHF person contact me about sponsoring the following:

- Networking Reception** \$5000
(2 available)
- Luncheon** \$3500
(2 available)
- Continental Breakfast** \$2500
(2 available)
- Break with Exhibitors -** \$1500
(4 available)
- Technology:** \$2500
Audiovisual Equipment
- Conference Bags -** \$2500
(logo on bags)
- Lanyards/NameBadges-** \$1500
(with logo)
- Speaker Sponsorship** \$2000
(2 available)

Exhibitors must read [General Information and Responsibility Contract](#).

Please list the name (as it should appear in all printed materials) and email address for each booth attendee to receive email correspondence regarding registration and confirmation information:

Name: _____
Email: _____

Name: _____
Email: _____

Name: _____
Email: _____

Name: _____
Email: _____

Number of booths Requested: _____

Please check here if you require the follow:

- Electricity
- Internet Service (\$125)
- Ext Cords
- Addt'l 6ft Tables (\$200ea)
- Addt'l Chairs (#___)

PAYMENT REQUIRED:

Exhibit Amount \$ _____
 Sponsorship Amount \$ _____
 Addtl. Booth Attendees
 (___ X \$30/person) \$ _____
 Total Amount \$ _____

Check MasterCard VISA Exp.

Expiration Date: _____

Credit Card # _____

CVV# _____

Name on Card: _____

Signature: _____

Send Exhibit Sponsor Registration Form and Responsibility Contract to:

FPHA, Attention:
Sarah Catalanotto
fpha@srahec.org

CONTRACTS DUE BY JULY 1, 2017

Checks made payable to: FPHA
Federal ID# 59-2200250

Thank you! See you in Orlando!