

**Exhibitor Prospectus and Contract**  
**Wisconsin Association of Osteopathic Physicians & Surgeons**  
**Continuing Medical Education Conference**  
 Exhibit Day Friday May 4, 2012 (entire conference runs May 3-5, 2012)  
 Delavan, WI

**WHERE**

The Lake Lawn Resort and Conference Center  
 2400 East Geneva Street  
 Exhibit Location-Pre-function Area outside  
 Geneva 1 meeting room  
 Delavan, WI 53115  
 Ph: 800-338-5253

**EXHIBIT SET UP**

Friday, May 4, 2012, 8:30 am (area open by 7:30 am)

**EXHIBIT HOURS**

Friday, May 4, 2012 (space for 2 reps)  
 10:00-10:30 am Exhibit Break  
 2:30-3:00 pm Exhibit Break

**EXHIBIT DISMANTLE**

At the discretion of each individual exhibitor

**CONFERENCE TOPIC**

Wisconsin's Annual Family Practice Update Spring 2012 CME Conference

**ATTENDANCE**

An estimated 40-50 primary care and specialty physicians from throughout Wisconsin and surrounding states are expected to attend.

**RESERVING EXHIBIT SPACE**

Complete the application and return to WAOPS, 6214 Washington Ave, Suite C15, Racine, WI 53406, or fax to 262-619-9902. For information contact Susan Jensen at 262-619-9901 or [waops1@yahoo.com](mailto:waops1@yahoo.com) and [waops2@yahoo.com](mailto:waops2@yahoo.com). Due to the limited exhibit space, it is expected the available space will fill quickly. Please reserve your space as soon as possible.

**Participation Opportunities**

**Standard Exhibit**

Exhibit Fee **\$650** (includes 2 exhibit breaks & lunch provided for **2 representatives**)

**Additional sponsorship of a Meal/Break/Grant Activity Grant**

- 1) Breaks (5) *price is per break* \$400
  - 2) Continental Breakfast (3) *per breakfast* \$550
  - 3) Lunch (3) *per lunch* \$1000
  - 4) **Education grant Any dollar amount\***
- \* (contact Susan Jensen)

*All grants payable to WAOPS.*

**Registration Form**

Company Name \_\_\_\_\_  
 Contact Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Representatives Attending \_\_\_\_\_

**Registration Summary**

Exhibit	\$ _____
Activity Grant	\$ _____
Education Grant	\$ _____
<b>Total</b>	<b>\$ _____</b>

**Make checks payable to: Wisconsin Association of Osteopathic Physicians & Surgeons (WAOPS), 6214 Washington Ave, Suite C15, Racine, WI 53406. Phone 262-619-9901, fax 262-619-9902, [www.waops.org](http://www.waops.org), email: [waops1@yahoo.com](mailto:waops1@yahoo.com) and [waops2@yahoo.com](mailto:waops2@yahoo.com) Federal Tax ID # 39-6044718**

### **WHAT IS PROVIDED**

Tabletops will be standard 8 feet long by 24 inches wide. Any special electrical needs are the responsibility of the exhibitor. Any applicable fees and payment arrangements for these special needs/services will be the responsibility of the exhibiting company.

### **HOTEL ROOM RESERVATIONS**

Representatives attending the conference may reserve double queen suite hotel rooms at the conference rate of \$109 + tax. Lake Lawn Lodge, 2400 East Geneva St, Delavan, WI 53115 (800) 338-5253 prior to April 4, 2012 to reserve a room with the WAOPS block.

### **CANCELLATION AND REFUND POLICY**

If an exhibit booth space or any type of sponsorship is cancelled prior to April 4, 2012 an administrative fee of 25% of the total cost will be incurred by the exhibiting or sponsoring company. If a cancellation is made after April 5, 2012, there will be no refund and all contracted space for balance of the sponsorship invoice must be paid in full. All incurred charges and unpaid balances are due at the time of cancellation.

**SECURITY AND LIABILITY:** The Wisconsin Association of Osteopathic Physicians and Surgeons (hereafter WAOPS), shall not be liable for any damage, injury or loss caused to an exhibitor or his/her property, or the property of his/her company occasioned by the condition of the premises or its mechanical systems, loss by theft, mysterious disappearance or damage by fire, accident or any other cause; or any other act or omission of WAOPS or any of its officers, agents and employees; or any damage or injury arising from any act, omission or negligence of said WAOPS or its officers, agents or employees.

**INSURANCE:** It shall be the responsibility of each exhibitor to maintain such insurance against injury to person or damage or loss to property in such amounts as the exhibitor shall deem adequate. Insurance protection will not be afforded to the exhibitor either by WAOPS.

**CONDUCTING EXHIBITS:** All exhibits must conform to the fire laws, health regulations, electrical codes and other ordinances of the local municipality. Conduct of the exhibits is subject to WAOPS approval. WAOPS reserves the right to approve the character of any exhibit and to prohibit any display which is the cause of noise or has other objectionable features that may detract from the general character of the exhibits. This applies to display literature, advertising novelties, souvenirs, conduct of persons, etc.

**RULES:** In the event of WAOPS's failure or inability to fulfill this contract due to conditions or reasons beyond its control, WAOPS agrees to return to the exhibitor all deposits made, and this agreement shall be deemed canceled by mutual consent; and exhibitor agrees to accept such return of deposits as full and final settlement of any and all claims relating thereto.

The exhibitor hereby agrees to indemnify, defend and save and hold the WAOPS and its employees, representatives, agents, successors and assignees forever harmless from any and all damages, claims, judgments, losses, costs and expenses, including but not limited to attorneys' fees, that may hereafter at any time be incurred or imposed upon them, or be made a party to, or be required to pay, do or perform by reason of, arising out of, or by virtue of, or incident to, the performance of any contract or agreement which may result in acceptance of this application or the providing of exhibit space, including but not limited to any such claims, damages, losses or expenses attributable to bodily injury, sickness, disease, death or to injury to or destruction of tangible personal property including the loss of use resulting there from.

**Executive Director/CME Planner:**

**Susan Jensen  
(262) 619-9901**