

EXHIBIT INFORMATION

Exhibit Description

One 6' skirted table, 2 chairs, wastebasket

Shipping

All exhibit materials shipped to the hotel must be addressed as follows:

Fontainebleau Miami Beach

Attn: Company Name/Your name/Your phone #/Table #

POS Spring Meeting, 4/20-21/12

4441 Collins Ave.

Miami Beach, FL 33140

Receiving

Receipt of packages will be billed at rate of \$5.00 per box or \$95.00 per pallet. To ensure efficient handling and storage of materials, please send deliveries to arrive no more than seventy two (72) hours prior to the meeting date and please make note of your tracking number. **Receiving hours at the Fontainebleau loading dock are 9:00am-4:00pm.** The handling fee for shipping is \$5.00 per box or envelope & must be accompanied with a completed shipping label using the any of the following carriers: Airborne Express, FedEx or UPS.

Security

The exhibit area will be locked during all non-exhibit hours. If you require additional security you must contact the POS office prior to the meeting.

Exhibit Set-Up

Thursday, April 19, 1:00-4:00pm

Friday, April 20, 6:00-6:45am

EXHIBIT TABLES MUST BE READY BY 6:45am on Friday, April 20. Tables that are not occupied by 6:45 am will be removed.

Exhibit Hours

Friday, April 20, 7:00am-5:00pm

Saturday, April 21, 7:00am-1:00pm

Exhibit Dismantle

Saturday, April 21, 12:00-1:00pm

EXHIBIT REGISTRATION

Pennsylvania Orthopaedic Society 2012 Spring Scientific Meeting
Controversies in Upper Extremity Surgery
EAST vs. WEST
April 20-21, 2012
Fontainebleau Miami Beach, Florida

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR EXHIBIT CONTRACT. Each company may have a maximum of **four (4)** representatives in the exhibit area.

Company Name: _____

1. Representative Name: _____

2. Representative Name: _____

3. Representative Name: _____

4. Representative Name: _____

Electrical Requirements

Please indicate:

- We do not require electricity.
- We require _____ standard electrical outlets.
(additional \$30 per day per outlet)

Please indicate whether you will place a high back display behind your table.

- Yes
- No

Please return registration form and exhibit contract with payment to:

Susan Sands, Meeting & Event Planner
Pennsylvania Orthopaedic Society
510 North Third Street, 3rd Floor
Harrisburg, PA 17101-1111
Fax: 717.909.8906

If you have questions, please call Susan Sands at 888.772.7900 or email:
susan@paorthosociety.org

POS Tax ID Number – 23-2184602

PAYMENT REQUIRED AT TIME OF REGISTRATION

Cancellation Policy – There will be a \$75 processing fee for registration cancellations received before March 20, 2012. **Refunds will NOT be granted for cancellations received on or after March 20, 2012.**

EXHIBIT CONTRACT

Pennsylvania Orthopaedic Society 2012 Spring Scientific Meeting
Controversies in Upper Extremity Surgery
EAST vs. WEST
April 20-21, 2012
Fontainebleau Miami Beach, Florida

Company:

Contact Person:

Address:

City: State: Zip:

Phone: Fax:

Email:

Exhibit Space & Fees

(The following fees are waived with a minimum \$5,000 support of any event(s) below)

Before March 20 - One 6' Exhibit Table @ \$1,900 / After March 20 - \$2,200

Before March 20 - Two 6' Exhibit Tables @ \$3,500 / After March 20 - \$3,800

Additional electrical outlet charge: days @ \$30.00 per outlet, per day =

Available Exhibitor Levels:

Silver Level Exhibitor	\$5,000
Gold Level Exhibitor	\$7,500
Platinum Level Exhibitor	\$10,000

Silver, Gold and Platinum Level Exhibitors will be given two six-foot display tables
(unless otherwise noted), special recognition in the program book, different colored ribbons
on their name badges, and signage denoting their support.

Included with Exhibit Fee – Entitled to 4 Company Representatives:

Registration fee includes: Admission to scientific sessions, continental breakfasts, coffee
breaks, exhibit hall entrance and Friday luncheon.

Thursday Welcome Reception, (attendee & one guest) @ no charge # attending ____ \$

Thursday Welcome Reception additional guest (@ \$25.00 each) # attending ____ \$

PAYMENT REQUIRED AT TIME OF REGISTRATION TOTAL \$

Check enclosed made payable to POS

Credit Card: Amex Visa MC

Card Number:

Exp Date: Security Code:

Signature