



June, 2017

Dear Business Associate:

The 2017 KAASC Infection Control Certificate Program and Fall Clinical Conference will be held in Overland Park Kansas, on October 11-12-13, 2017 at the Overland Park Marriott, 10800 Metcalf Ave., Overland Park, KS. You are invited to exhibit with us and/or sponsor one or more conference events. KAASC anticipates a large attendee turnout. Attendees consist of administrators, executive directors, business managers, clinical directors, purchasing coordinators and nurses. Currently there are 70 Ambulatory Surgery Centers (ASCs) throughout Kansas - together they represent a wide demographic that is rapidly increasing in numbers. Current KAASC membership includes large ASCs under joint venture agreements with hospitals, corporate-owned multi-specialty centers, physician partnerships, and sole proprietors representing a multitude of medical specialties.

During this time of economic uncertainty, you are presented with the opportunity to meet decision-makers from across the state of Kansas who are committed to high quality, cost-effective healthcare. The KAASC Annual Educational Conference provides a unique opportunity for these decision-makers to meet with you.

There are several ways that you can participate:

I. Exhibiting

Business Associates (Exhibitors) rent booths (\$750) in the exhibit area. Each booth includes registration and meals for 2 representatives. Additional fees include \$150 for each additional representative, if more than 2 per booth.

We are pleased to include a link to your company's web site on the KAASC web site with your booth fee. To exhibit at the 2017 Fall conference, please complete the enclosed Exhibitor Contract Form.

II. Sponsoring

Business Associates may participate in levels of sponsorship that supports the speakers, meals, and conference events. We recognize our sponsors with a poster displaying your company's name and logo throughout the conference as well as mention of the sponsorship at every opportunity so you receive the recognition you deserve. Sponsor logos and a link to your company's web site will be featured on a special page on the KAASC web site. The conference sponsorship opportunities are available on the Sponsorship Registration Form.

KAASC would not be able to provide quality programs and speakers or continue to enhance our organization without our Business Associates. To our previous exhibitors, we sincerely appreciate your past participation; and to all, we are aware of our need for your continued support. I welcome any suggestions to improve our relationship with conference exhibitors and sponsors. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Lindsey A. Kroenke RN BSN".

Lindsey Kroenke, RN
President/Conference Chair



KANSAS ASSOCIATION OF AMBULATORY SURGERY CENTERS

Booth Information

Booth Size: Table 6’x8’
Fee per Booth: **\$750** Each booth includes registration and meals for 2 representatives.
Additional Fees: **\$150** for each additional representative, if more than 2 per booth.
(See hotel information regarding shipping, electrical or internet fees)
Contract Deadline: **October 3, 2017 or until all spaces are rented. Exhibit booth payment can be made in two ways...by check or credit card. The contract & registrations are not valid until the fees are paid.**

Exhibitor Guidelines

- Business Associates will be limited to renting a maximum of two (2) booths per conference.
- Each booth includes table with linen and skirts and two chairs.
- **Booths are sold on a “first come-first served” basis.**
- Each Business Associate will be entitled to a link on the KAASC web site (www.kaasc.net) Links will be listed by category for one calendar year.

KAASC accepts payment for conference fees in two ways: by check or credit card. If using a credit card, enclose this form with conference registration.

DO NOT INCLUDE ELECTRICAL OR INTERNET FEES.

Amount to be charged to the credit card: _____
Circle type of credit card: VISA, MasterCard
Name as it appears on the credit card: _____
Credit Card Number: _____
Expiration date: _____
Customer code on back of card: _____
Credit Card Billing address: _____

(City) (State) (Zip code)
Telephone number: (_____) _____
Signature _____

Print name as signed: _____
Include with registration form. Return to: Claire Daniels, Executive Assistant, 5051 E. Lincoln #4C, Wichita, KS 67218; Phone: (316) 686-4414;
e-mail: cdaniels1@cox.net



Kansas Association of Ambulatory Surgery Centers
Fall 2017 Conference Exhibitor Contract and Sponsorship Registration Form

Company Name: _____ Contact: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Company Web Site: _____

All representative names for badges: _____

1. This application and contract for exhibit space indicates applicant’s willingness to abide by all accompanying terms, conditions and general resolutions, as well as any additional rules or regulations the management deems necessary to the success of the exhibitions. **Exhibitor Registration Fees are non-refundable.**
2. Payment in full of \$750.00 for each 6’x8’ table/ booth must accompany this application. The fee for each exhibit space includes meals and refreshments for two representatives. For each additional representative include \$150 to cover the cost of meals and refreshments.
3. Each booth includes table with linen and skirts, and 2 chairs.
4. The exhibitor agrees to arrange with the **Overland Park Marriott** in advance for any electrical, telephone or other special services beyond those provided with this contract and to be financially responsible directly to the hotel for such arrangements.
5. The exhibitor agrees to accept all liability and responsibility for any damage to hotel property by their exhibits. The exhibitor further agrees to make no claim for any reason whatsoever, including negligence, against the Kansas Association of Ambulatory Surgery Centers, any of its officers or members, or the hotel where exhibiting, for loss, theft, damage or destruction of goods, nor for any injury to itself or its employees while exhibiting at the conference.

() 8’x30”table/booth @ \$750 each (Number _____) \$ _____
 Representatives beyond 2 per booth @ \$150 each \$ _____

Please indicate below the number of people from your company planning to attend each meal.

Tuesday evening “Meet & Greet”: _____ Wednesday: Breakfast _____ Lunch _____ Thursday: Breakfast _____ Lunch _____

Our company would also like to be:

Bronze Sponsor: (\$400 - \$949) \$ _____
Silver Sponsor: (\$950 - \$1,499) \$ _____
Gold Sponsor: (\$1,500 and above) \$ _____

Total: \$ _____

Authorized Signature: _____ Date: _____

Marriott Kansas City Overland Park is pleased to host:

**Kansas Association of Ambulatory Surgery Centers (KAASC)
October 11-12-13, 2017**

Reservations must be received prior to **September 20, 2017** in order to ensure accommodations at the discounted group rate. There is a reservation link posted on the KAASC website. Reservations can be also be made by calling **(800) 228-9290** or by returning this form to:

**Overland Park Marriott
Attn: Events Administrative Assistant
10800 Metcalf
Overland Park, KS. 66210**

PLEASE PRINT:

Arrival Day/Date: _____
Time: _____
Departure Day/Date: _____
Name: _____
Organization/Company _____
Street Address: _____
City: _____
State: _____ Zip Code: _____
Telephone: _____
Email: _____
Sharing Room With: _____

ONE RESERVATION CARD PER ROOM, PLEASE

ROOM TYPE REQUEST	GROUP RATE	CHECK ONE
(1) King Bed	\$139.00	<input type="checkbox"/>
(2) Double Beds	\$139.00	<input type="checkbox"/>

All Rooms are Non-Smoking

Special Requests (please check):
 Crib Roll Away Bed

**Additional nights may not be available at the group rate.
Please contact the hotel to confirm availability.**

**Check in time is 3:00pm. Check out time is 12:00pm.
Reservations must be guaranteed by one night's deposit or with a major credit card.**

Card Name: _____

Card Number: _____

Expiration Date: _____

Signature: _____

IMPORTANT

The Marriott Kansas City Overland Park is unable to grant direct billing for rooms or incidental accounts, unless pre-approved by the Credit Department. We are pleased to honor the following credit cards: American Express, Diners Club,

Overland Park Marriott
Attn: Lindsay Ball-Lewis, 10800 Metcalf, Overland Park, KS 66210
Phone: (913) 338-8695 Fax: (913) 451-1547

Exhibit Booth/Display Electrical Order Form
Terms (Please Read)
Retain a copy for your records

- Return form and payment to the Overland Park Marriott, Attn: Julie Wallace
- The form and payment must be received no later than 1 week prior to show opening to receive the pre-paid price. The floor price applies thereafter.
- All requests for services after your arrival are subject to the availability of equipment and services of our electricians. All advance orders will be given priority.
- If you are not certain of your requirements, please call for assistance.
- No services will be provided without a signed copy of this form or before payment is received.
- Overland Park Marriott is not responsible for exhibit registration fees only power or audio visual needs. Please send registration fee to group hosting the convention you will be exhibiting at.

Name of Convention: <u>_KAASC_</u>	Show Date: <u>_Oct. 11-13, 2017_</u>
Company Name: _____	
Street Address: _____	
City: _____	State: _____ Zip: _____
Contact Name: _____	Company Phone #: _____
Method of Payment:	Check: Make Checks Payable to the Overland Park Marriott Credit Card: All Major Credit Cards Accepted
Cardholder's Name: _____	Card #: _____ Exp Date: _____
Authorized Signature: _____	Date: _____

Electrical Circuits:

120 Volt, Single Phase, **One Time Charge**

Quantity	Discount Price (Paid Prior to Arrival)*	Floor Price (Paid After Arrival)
Total		
1 Outlet/5 amps	\$30.00	\$45.00
2 Outlets/10 amps	\$40.00	\$55.00
3 Outlets/15 amps	\$50.00	\$65.00
4 Outlets/20 amps	\$60.00	\$75.00

220 Volt, Single Phase

1-10 Outlet/30 amps	\$125.00	\$150.00
---------------------	----------	----------

Internet Connection:

iBahn All Day Internet Connection, **Per Day Charge**

	Price (Paid Prior to Arrival)*	Floor Price (Paid After Arrival)
1 Connection	\$150.00 Per Day	\$250.00 Per Day
Telephone Line	\$100.00 Per Day	\$100.00 Per Day

*Payment must be received (1) week prior to show to qualify for discount prices. Please fax this form only if a credit card number is attached. If paying by check please mail this copy along with the check.

This form must be accompanied by a check or credit card number. Do not include registration fee.

Shipping Instruction: For any exhibitors who would like to ship their booths or materials prior to the show please abide by the following. Shipping of materials will be accepted and received four (4) days prior to the show. Any items that are received prior to the four (4) days will not be accepted due to the limited amount of space in our receiving area.

Please label your boxes etc... with the following information:

Name of Convention you're attending and Date of Convention
Your company name, contact name, address and phone number

STANDARD CONDITIONS FOR EXHIBITS AND DISPLAYS

SPECIAL REQUIREMENTS

Where special wiring of equipment is required, labor will be furnished at our current rates plus material costs. Minimum charge will be two man-hours. Electrical work will be done by hotel approved electricians ONLY. Twenty-four (24) hour service on above connections of equipment to the hotel electrical systems must be done by hotel approved electricians. Exhibitors are not permitted to personally make such connections.

NON-FLAMMABLE MATERIALS

All materials used in the Ballroom, Foyer or any other room of the hotel MUST be non-flammable to conform with the Fire Regulations of Overland Park. Material not conforming with such regulations will be removed immediately at the exhibitor's expense. Engines, motors or any kind of equipment may be operated only with the consent to the Event Manager of the Hotel.

SPECIAL NOTICES

No nails or bracing wires used in erecting displays may be attached to the building without **written** consent of the Event Manager at the Hotel. All property destroyed or damaged by exhibitors must be replaced in its original condition by the exhibitor or at the exhibitor's expense.

LIABILITY

The hotel will not be responsible for any injury, loss or damage that may occur to the exhibitor, the exhibitor's employees or property, or to any other person, prior, during or subsequent to the period covered by the exhibit's contract, provided said injury, loss or damage is not caused by the willful negligence or wrongful act of an employee of the hotel. Each exhibitor expressly releases the hotel from such liability and agrees to indemnify the hotel against any and all claims for such injury, loss or damage.

INSURANCE

Exhibitor's who desire to carry insurance on their exhibits must place it at their own expense.

BILLING

All charges incurred by each exhibitor must be paid in full prior to hook-up taking place.