

EXHIBITOR PROSPECTUS

**32nd Annual Neurorehabilitation Conference on
Traumatic Brain Injury, Stroke and
Other Neurologic Disorders**

**November 12-13, 2011
Hyatt Regency Hotel
Cambridge, Massachusetts**

EXHIBITOR FEES AND INFORMATION

Braintree Rehabilitation Hospital accepts unrestricted educational grants to sponsor specific expenses. All grants will be acknowledged based on level of contribution.

Please note: ONE (1) conference registration is included with each exhibit table. Only the individual registered for the conference from your company is entitled to attend all educational sessions and meal functions. If you plan to have more than one person stationed at your booth, you may purchase additional registration(s) at the reduced rate of \$195 per person.

Opportunities are as follows:

\$6000	Continental Breakfast/Breaks includes signage recognition at the registration table and in break areas, rotating logo message on the hotel board and projected in all sessions during breaks, link on conference website – <i>(shared sponsorship accepted)</i>
\$3500	Conference tote bag sponsorship includes your company name/logo on the tote bag, rotating logo message on the hotel board and projected in all sessions during breaks and a link on the conference website – deadline 10/7/11
\$2500	Conference lunch bag sponsorship includes your company name/logo on the lunch bag, rotating logo message on the hotel board and projected in all sessions during breaks and a link on the conference website – deadline 10/7/11
\$2500	Charging Station – includes signage recognition at the registration table and in break areas, rotating logo message on the hotel board and projected in all sessions during breaks, link on conference website. Electrical outlets will be provided at each table for attendees to utilize laptops, ipads, etc. for note taking purposes. <i>(Shared sponsorship accepted)</i>
\$2000	Conference clipboard with your company name/logo on it and a link on the conference website – deadline 10/7/11
\$1800	Thermal Travel Coffee Mugs with your company name/logo on it and a link on the conference website - deadline 10/7/11
\$550	Exhibit Table includes a link on the conference website syllabus – deadline 10/7/11

INFORMATION AND TERMS OF AGREEMENT

Braintree Rehabilitation Hospital's 32nd Annual Neurorehabilitation Conference

Exhibit space is available for the purpose of highlighting services and products only.

Location of Exhibits

The exhibit area will be in the lobby/pre-function area of the hotel. The Exhibit Space will be open on *Saturday, November 12, 2011 from 7:00 a.m. to 5:00 p.m. and Sunday, November 13, 2011 from 7:30 a.m. to 12:30 p.m.*

Set-up and Breakdown

Set-up is scheduled for *Friday, November 11, 2011, after 7:00 p.m. or Saturday, November 12, 2011 after 5:30 a.m.* Exhibitors are required to sign-in at the Registration Desk before proceeding to their exhibit location. Exhibits must be dismantled by *1:00 p.m. on Sunday, November 13, 2011.*

Staffing

Each exhibit must be staffed during breaks and meal periods.

Equipment

The basic set-up for each exhibit will consist of one (1) six-foot draped table, two (2) chairs.

Electrical Requirements

There is access to electrical outlets for an additional fee. Please detail your needs on the Terms of Agreement sheet. Every effort will be made to accommodate your needs.

Security

Braintree Rehabilitation Hospital and the Hyatt Regency Cambridge will not be responsible for materials lost, stolen or damaged.

Storage and Shipping

Exhibitors must make their own arrangements to transport materials to and from the Hyatt Regency Cambridge. Please contact the hotel directly to make these arrangements (617-492-1234).

Decorative Material

All decorative material must be fire resistant, and in accordance with standards established by the National Board of Fire Underwriters.

Explosives

No gasoline, acetylene, or explosives of any kind are permitted.

Terms

All exhibits are at the exhibitor's risk. There shall be no liability on the part of the Braintree Rehabilitation Hospital or Hyatt Regency Cambridge for any injury or damage to an exhibitor or to his property resulting from the condition of the premises or from the acts of any person thereon. Each exhibitor agrees that he will indemnify and hold harmless the Braintree Rehabilitation Hospital and Hyatt Regency Cambridge against any claims by any of its employees or by any person on the premises at this invitation or for the purpose of delivery to or servicing his exhibit and against any claims by other persons caused by anything occurring in connection with its exhibit.

The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of injury or damage to exhibitors displays, equipment, and other property brought upon the premises of Braintree Rehabilitation Hospital and Hyatt Regency Cambridge shall indemnify and hold harmless the agents, and employees from any and all such loss, damages and claims.

EXHIBITOR TERMS OF AGREEMENT & REGISTRATION

*Braintree Rehabilitation Hospital's
32nd Annual Neurorehabilitation Conference
November 12-13, 2011*

I, the undersigned, hereby make application for exhibit space at the ***Braintree Rehabilitation Hospital's 32nd Annual Neurorehabilitation Conference*** at the Hyatt Regency in Cambridge, Massachusetts.

I have read the terms of agreement and the _____ (company) and its representative(s) agree to the terms related to the company's exhibit.

I acknowledge and am in agreement with, the Standards for Commercial Support from the Accreditation Council for Continuing Education (ACCME), specifically Standard 4.0, which discusses the separation of promotional activities and materials from CME content. Exhibitors are asked to limit sales and marketing activities to areas outside of the conference room where the program takes place. We also request that you refrain from wearing an identifying company badge while in the program conference room. We will provide badges for all attendees at our registration desk upon arrival. Questions on this policy may be directed to the Education Department at EducationBRH@5sqc.com or call 781-348-2113. _____ / _____ / _____

Signature

Title

Date

Full payment is required with application. Application must be submitted by October 28, 2011, unless otherwise stated above. Braintree Rehabilitation Hospital Federal Tax Identification #20-5108635. Upon receipt of application and payment, a confirmation letter will be sent to you.

Please choose sponsorship option below:

<input type="checkbox"/>	\$6000	Continental Breakfast/Breaks includes signage recognition at the registration table and in break areas, rotating logo message on the hotel board and projected in all sessions during breaks, link on conference website – <i>(shared sponsorship accepted)</i>
<input type="checkbox"/>	\$3500	Conference tote bag sponsorship includes your company name/logo on the tote bag, rotating logo message on the hotel board and projected in all sessions during breaks and a link on the conference website – deadline 10/08/10
<input type="checkbox"/>	\$2500	Conference lunch bag with your company name/logo on it and a link on the conference website - deadline 10/08/10
<input type="checkbox"/>	\$2500	Charging Station – electrical outlets will be provided at each table for attendees to utilize laptops, ipads, etc. for note taking purposes.
<input type="checkbox"/>	\$2000	Conference clipboard with your company name/logo on it and a link on the conference website – deadline 10/08/10
<input type="checkbox"/>	\$1800	Thermal Travel Coffee Mugs with your company name/logo on it and a link on the conference website - deadline 10/08/10
<input type="checkbox"/>	\$550	Exhibit Table includes a link on the conference website syllabus – deadline 10/08/10

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

Contact Person: _____

		Plan to Attend Sessions ?	
		Yes*	No
On-site Personnel:	_____	<input type="checkbox"/>	<input type="checkbox"/>
	Name	Title	

***If attending sessions, please enclose a Conference Registration Form including session choices.**

Exhibitor Fee: \$ _____

Additional Personnel: # _____ x \$195 \$ _____

Name Title

Name Title

Electrical Requested (Fee: \$50) Yes No \$ _____

Total Due: \$ _____

LOGO SPECIFICATIONS

Please provide on your Logo in a high-resolution format.

Deadline for Logos is October 28, 2011

Date: _____ **Name:** _____ **Title:** _____

Signature: _____

PLEASE SEND ALL COMMUNICATION TO:

**Donna Carr, Education Coordinator
Braintree Rehabilitation Hospital
250 Pond Street
Braintree, MA 02184
781-348-2113
email: EducationBRH@5sqc.com**