

# **EXHIBITOR PROSPECTUS**

**Braintree Rehabilitation Hospital's Work Related Injury  
Conference: Clinical Updates & Industry Trends  
May 11, 2012  
Lantana Conference Center  
Randolph, 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 as exhibitor for the conference from your company is entitled to attend all educational sessions and meal functions.

Opportunities are as follows:

\$1500	<b>Continental Breakfast/Breaks</b> includes signage recognition at the registration table and in break areas, an ad/link on Braintree Rehab Hospital website ( <i>shared sponsorship accepted</i> )
\$2000	<b>Luncheon</b> includes signage recognition at the registration table and in luncheon area and an ad/link on Braintree Rehab Hospital website ( <i>shared sponsorship accepted</i> )
\$550	<b>Exhibit Table</b> an ad/link on Braintree Rehab Hospital website
\$500 - \$1000	<b>Unrestricted Education Grant</b> an ad/link on Braintree Rehab Hospital website and recognition at the registration table and in break areas.

# **INFORMATION AND TERMS OF AGREEMENT**

## *Work Related Injury Conference*

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

### **Location of Exhibits**

The exhibit area will be open on *7:00 a.m. to 4:30 p.m.*

### **Set-up and Breakdown**

Set-up can be done *Friday, May 11, 2012 after 6:00 a.m.* Exhibitors are required to sign-in at the Registration Desk before proceeding to their exhibit location. Exhibits must be dismantled immediately following the close of the conference.

### **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 table, one (1) chair.

### **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 Lantana will not be responsible for materials lost, stolen or damaged.

### **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 the Lantana 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 the Lantana 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 the Lantana shall indemnify and hold harmless the agents, and employees from any and all such loss, damages and claims.

# EXHIBITOR TERMS OF AGREEMENT & REGISTRATION

*Work Related Injury Conference  
May 11, 2012*

I, the undersigned, hereby make application for exhibit space at the **Braintree Rehabilitation Hospital's Work Related Injury** program at the Lantana in Randolph, 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](mailto:EducationBRH@5sqc.com) or call 781-348-2113. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature

Title

Date

**Full payment is required with application.** Braintree Rehabilitation Hospital Federal Tax Identification #20-5108635.

Please circle sponsorship option(s) below:

\$1500	<b>Continental Breakfast/Breaks</b> includes signage recognition at the registration table and in break areas, an ad/link on Braintree Rehab Hospital website ( <i>shared sponsorship accepted</i> )
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\$500 - \$1000	<b>Unrestricted Education Grant</b> an ad/link on Braintree Rehab Hospital website and recognition at the registration table and in break areas.

**Subtotal**      \$ \_\_\_\_\_

**Electrical Requested (Fee: \$50)**                       Yes       No                      \$ \_\_\_\_\_

**Total Due:**    \$ \_\_\_\_\_

*Please make checks payable to Braintree Rehabilitation Hospital.*

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Deadline for Web Link Ad is April 15, 2012.**

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**