

EXHIBITOR PROSPECTUS

**30th Annual Neurorehabilitation Conference on
Traumatic Brain Injury, Stroke and
Other Neurologic Disorders**

**October 24-25, 2009
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, a full page black & white advertisement in the conference syllabus, link on conference website – <i>(shared sponsorship accepted)</i>
\$5000	Evening Reception featuring Book Signing by Michael Mason includes signage recognition at the registration table and in reception area, a full page black & white advertisement in the conference syllabus, link on conference - <i>(shared sponsorship accepted)</i> - deadline 9/15/09
\$3000	Conference tote bag sponsorship includes your company name/logo on the tote bag and a full page black & white advertisement in the conference syllabus – deadline 9/01/09
\$2000	Conference lunch bag with your company name/logo on it and a full page black & white advertisement in the conference syllabus - deadline 9/1/09
\$2000	Conference clipboard with your company name/logo on it and a full page black & white advertisement in the conference syllabus – deadline 9/1/09
\$1800	Thermal Travel Coffee Mugs with your company name/logo on it and a full page black & white advertisement in the conference syllabus - deadline 9/1/09
\$550	Exhibit Table includes a full page black & white advertisement in the conference syllabus
\$500	Unrestricted grant includes a full page black & white advertisement in the conference syllabus

INFORMATION AND TERMS OF AGREEMENT

Braintree Rehabilitation Hospital's 30th Annual Neurorehabilitation Conference

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

Location of Exhibits

The exhibit area will be open on *Saturday, October 24, 2009 from 7:00 a.m. to 7:00 p.m. and Sunday, October 25,, 2009 from 7:30 a.m. to 12:30 p.m..*

Set-up and Breakdown

Set-up is scheduled for *Friday, October 23, 2009, after 7:00 p.m. or Saturday, October 24, 2009 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, October 25, 2009.*

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 arriving 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
30th Annual Neurorehabilitation Conference
October 24-25, 2009*

I, the undersigned, hereby make application for exhibit space at the ***Braintree Rehabilitation Hospital's 30th 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 1, 2009, 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, a full page black & white advertisement in the conference syllabus, link on conference website – <i>(shared sponsorship accepted)</i>
<input type="checkbox"/>	\$5000	Evening Reception includes signage recognition at the registration table and in reception area, a full page black & white advertisement in the conference syllabus, link on conference - <i>(shared sponsorship accepted)</i>
<input type="checkbox"/>	\$3000	Conference tote bag sponsorship includes your company name/logo on the tote bag and a full page black & white advertisement in the conference syllabus - deadline 9/1/09
<input type="checkbox"/>	\$2000	Conference lunch bag with your company name/logo on it and a full page black & white advertisement in the conference syllabus - deadline 9/1/09
<input type="checkbox"/>	\$2000	Conference clipboard with your company name/logo on it and a full page black & white advertisement in the conference syllabus – deadline 9/1/09
<input type="checkbox"/>	\$1800	Thermal Travel Coffee Mugs with your company name/logo on it and a full page black & white advertisement in the conference syllabus – deadline 9/1/09
<input type="checkbox"/>	\$550	Exhibit Table includes a full page black & white advertisement in the conference syllabus
<input type="checkbox"/>	\$500	Unrestricted grant includes a full page black & white advertisement in the conference syllabus

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: \$ _____

AD SPECIFICATIONS :

No classified advertising will be accepted. All ads will be placed in a section specifically for advertising; no special placements (inside front cover, back cover, inside back cover) will be accepted. Ad should be in Adobe or Quark format; 8 1/2 x 11 black & white.

Deadline for Ad is September 15, 2009

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**