



EXHIBITOR & SPONSORSHIP AGREEMENT

**2017 ANNUAL MEETING
MAY 25-27, 2017
NEW ORLEANS, LOUISIANA**

LOUISIANA SOCIETY OF HEALTH-SYSTEM PHARMACISTS

8550 United Plaza Boulevard • Suite 1001 • Baton Rouge, Louisiana 70809
Telephone (225) 922-4520 • Facsimile (225) 408-4422

Dear Potential Exhibitor:

The Board of Directors of the Louisiana Society of Health-System Pharmacists invites you to participate as an exhibitor or sponsor for the LSHP 2017 Annual Meeting, which will be held May 25-27, 2017 at the Hyatt Regency New Orleans.

Our Annual Meeting draws approximately 150-200 participants. LSHP members represent more than 180 hospitals in Louisiana, many of which are clinical pharmacists and administrative decision makers at their institutions.

Get a prime spot to showcase your products! Details about preferred, superior and elite booths can be found on the page 4. Our exhibition hall will be open from **12:00 p.m.-3:00 p.m. on Friday, May 26**, allowing you a great opportunity to meet with LSHP pharmacists and pharmacy technicians one-on-one. This is an excellent business opportunity and a way to show your support of local pharmacists. An exhibit agreement is found on the page 4 and should be submitted to LSHP at the above address. Other companies have been invited to attend. The exhibit area is separate from the continuing education event. Checks need to be made payable to LSHP, and mailed to 8550 United Plaza Blvd., Suite 1001, Baton Rouge, LA 70809.

Again this year, LSHP is offering a "**Reverse Expo**," where Hospital pharmacy decision makers (pharmacy directors and/or clinical managers) will each host a table while vendors walk the floor. Please see page 3 of this document for more information!

If you are interested in becoming a sponsor, there are many ways to support LSHP and the Annual Meeting. Available sponsorships are listed on page 6 and are available even if you are unable to attend the meeting.

Please return your signed and dated "LSHP 2017 Annual Meeting Exhibit Agreement" together with your "LSHP Annual Meeting Exhibit Registration" in order to register for the Exhibit Program. Sponsors, please also complete the "LSHP 2017 Annual Meeting Sponsorship Program" form and if applicable, a signed "Terms and Conditions for Commercial Interest Educational Sponsors."

If you have any questions regarding exhibiting or sponsorship, please don't hesitate to call Lauren Landry, Association Coordinator at the LSHP office. The LSHP tax id number is 72-0859040.

Your support of LSHP and its programs demonstrates your professional commitment and support of pharmacists in Louisiana. This support is both recognized and appreciated by the Board of Directors and membership of LSHP.

On behalf of the Executive Committee and the Board of Directors of LSHP, we would like to thank you in advance for your continued support.

Sincerely,



Helen Calmes,
Annual Meeting Committee



Iman Borghol,
Annual Meeting Committee



LSHP Annual Meeting Reverse Expo

Thursday, May 25, 2017

3:00-5:00 pm

Why You Should Care About Networking with Louisiana's Most Prestigious Hospitals and Health-Systems

The Reverse Expo is exactly what the name suggests: *a reversal of the traditional tradeshow format*. Hospital pharmacy decision makers (pharmacy directors and/or clinical managers) will each host a table while vendors walk the floor.

How It Works

In practice, the Reverse Expo concept is very similar to the common management process of a "Huddle". Suppliers, vendors, and manufacturers, will have up to 3-5 minutes of one-on-one time with a hospital pharmacy decision maker before moving to the next pharmacy decision maker of their choice. This should be an ample amount of time for a vendor to identify a viable business opportunity, and also for a hospital pharmacy decision maker to recognize whether the product or solution will meet their needs. If you feel you need more time, you have the opportunity to finish your conversation during the Annual Meeting Exhibit Program.

During the Reverse Expo, each hospital pharmacy or health-system will have an ID sign on their table -- clearly marking their facility, city and state, name, and job title. Maps will be available to facilitate easy navigation.

The Reverse Expo is available to confirmed Annual Meeting Exhibitors for \$500 per representative.

Why You Should Attend the LSHP's Annual Meeting Reverse Expo

- ▶ **ONE-ON-ONE TIME** with hospital and health-system pharmacy directors and other key decision makers from Louisiana
- ▶ **OPPORTUNITY** to build relationships and promote your products and services with **REAL DECISION MAKERS** who you may not otherwise have access to.
- ▶ **MORE EXPOSURE AND VISIBILITY** beyond the Annual Meeting Exhibitor Showcase

In 2016, 27 hospitals participated in the Reverse Expo! 53 Vendor Representatives participated in this event and met with the hospitals one-on-one. Here is some of the feedback that we received from the vendor representatives:

"All of my objectives were met. I particularly appreciated the hospitals who sent their hard to see pharmacists who are leaders in their departments."

"I was able to put names with faces and determine if there is a need for a more formal meeting."

"I met key decision makers."

"Love the Reverse Expo! Very valuable!"

"Wonderful!"

"Met with Directors of Pharmacy from LA hospitals. Great time with customers. Thank you!"

LSHP 2017 ANNUAL MEETING EXHIBIT AGREEMENT

Exhibit Fee & Schedule: Exhibit fees vary based on booth location. The breakdown in pricing is below. A tentative layout is available upon request. Booths are on a first-come, first-served basis. You will be notified if the booth type you select is unavailable. Full payment is due by the exhibition date; checks should be made payable to LSHP. **The exhibit fee includes one 10' x 10' booth with back drape and dividers, one 6' table, two chairs, and one 7" x 44" identification sign including company name. It also includes up to two representatives for a Preferred or Standard booth and up to 3 representatives an Elite or Superior booth** who will be registered to participate in the exhibition, exhibit luncheon and education courses. Add \$40.00 per additional representative attending.

Elite Booth (Double corner booth):	\$3,000.00	Superior Booth (Prime location near doors)	\$2,500.00
Preferred Booth (Corner):	\$1,500.00	Standard Booth:	\$1,250.00

Tentative Exhibit Set Up:	Friday, May 26, 8:30 am to 11:00 am
Exhibit & Registrant Luncheon:	Friday, May 26, 11:00 am to 12:00 pm
Tentative Exhibit Schedule:	Friday, May 26, 12:00 pm to 3:00 pm

Exhibit Needs: Additional exhibit furnishings, electrical service, installation and dismantling labor and drayage services may be ordered through Freeman. Freeman will send an exhibitor manual to all registered exhibitors with the required forms.

Hotel: LSHP has negotiated room rates of \$159 per night Thursday, May 25 and Friday, May 26 for single and double occupancy at the Hyatt Regency New Orleans (601 Loyola Ave, New Orleans, LA). Arrange your own hotel accommodations directly with the Hyatt by calling 1-888-421-1442. You must specify that you are with the Louisiana Society of Health System Pharmacists in order to receive the group rate. Reservations must be made by April 24, 2017 to receive the group rate.

Confirmation & Deadlines: Registration is not considered complete until you have received confirmation from the LSHP office. If you have not received written confirmation by May 12, please call the LSHP office. Space is available on a **first-come, first-served basis**. Written cancellation of registrations will be accepted for a 50% refund up to April 24, 2017, after which no refunds will be issued.

Liability: Exhibitor shall be fully responsible to pay for any and all damages to property owned by Hyatt (HYATT REGENCY NEW ORLEANS), its owners or managers which result from any act or omission of Exhibitor. Exhibitor agrees to defend, indemnify and hold harmless, Hyatt (HYATT REGENCY NEW ORLEANS), its managers, officers or directors, agents, employees, subsidiaries and affiliates, from any damages or charges resulting from Exhibitor's use of the property. Exhibitor's liability shall include all losses, costs, damages, or expenses arising from, out of, or by reason of any accident or bodily injury or other occurrences to any person or persons, including the Exhibitor, its agents, employees, and business invitees which arise from or out of the Exhibitor's occupancy and use of the exhibition premises, the Hotel or any part thereof.

Commercial Interest Terms and Conditions: Exhibit arrangements will be completely independent of CPE activities. Commercial interests may not engage in sales or promotion activities during a CPE activity. Exhibitors may distribute promotional materials and engage in sales activity in the Exhibit Hall. Commercial interests may not provide or distribute LSHP CPE activities to learners.

A commercial interest is defined by the Accreditation Council of Pharmacy Education (ACPE) as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are not commercial interests.

We agree to comply with all conditions of this agreement.

Signature

Printed Name and Position

Exhibit hall is open to exhibitors, registrants, and registered guests only. The meeting schedule, exhibit hall layout, and booth assignments are tentative and subject to change. LSHP retains the right to refuse or reject exhibitors at its sole discretion.

LSHP 2017 ANNUAL MEETING EXHIBIT REGISTRATION

Company Name: _____

Company Contact Person: _____

Contact Email: _____ Contact Phone: _____

Contact Address: _____

Street

City

State

Zip

Please list all representatives attending: _____

*Up to two representatives for a Preferred or Standard booth and up to 3 representatives an Elite or Superior booth

How many representatives will attend the ***educational*** sessions to receive ACPE credit? _____

*(Exhibit fee covers 2 reps for a Preferred or Standard booth and 3 reps for an Elite or Superior booth; each additional rep is \$40)

Product or service to be exhibited: _____

Companies that you would like to be placed near, if possible: _____

Companies that you do NOT want to be placed near, if possible: _____

Receive confirmation by: (circle one) Mail Email Date Submitted: _____

LSHP 2017 ANNUAL MEETING REVERSE EXPO INFORMATION

Again this year, LSHP is offering a "Reverse Expo" on Thursday, May 25, where Hospital pharmacy decision makers (pharmacy directors and/or clinical managers) will each host a table while vendors walk the floor. Suppliers, vendors, and manufacturers will have 3-5 minutes of one-on-one time with a hospital pharmacy decision maker before moving to the next pharmacy decision maker of their choice. **At the 2016 Annual Meeting, it was a huge success and 27 hospitals participated in the Reverse Expo!** It is an innovative way to network and allows your company representatives one-on-one time with hospital and health-system pharmacy directors and other key decision makers from Louisiana. ****Please see page 3 for more information about the Reverse Expo****

Reverse Expo

Thursday, May 25, 2017 3:00-5:00 pm

\$500 per Representative*

*Only available to exhibitors that are registered for the regular exhibit hall on Friday, May 26.

If your company would like to participate, please indicate below.

Exhibit Booth: (please check which booth you would like)

- | | | | |
|---|-------------------|---|-------------------|
| <input type="checkbox"/> *Elite Booth (Double corner booth): | \$3,000.00 | <input type="checkbox"/> *Superior Booth (Prime location near doors): | \$2,500.00 |
| <small>*Includes attendance to the Reverse Expo for 2 Representatives</small> | | <small>*Includes attendance to the Reverse Expo for 2 Representatives</small> | |
| <input type="checkbox"/> Preferred Booth (Corner): | \$1,500.00 | <input type="checkbox"/> Standard Booth: | \$1,250.00 |

Reverse Expo (Thursday, May 26):

- *Elite and Superior Booths, please check here if you will be attending the Reverse Expo and list up to 2 Representatives below.

Number of Representatives at \$500 each = \$ _____

Please list the names and email addresses of the representatives that will participate in the Reverse Expo.

1. Name: _____ Email: _____

2. Name: _____ Email: _____

3. Name: _____ Email: _____

Total Amount Due: \$ _____

PAYMENT METHOD: ___ Check enclosed (payable to LSHP) ___ Visa ___ MC ___ Amex ___ Discover

Credit Card Information:

Name on credit card: _____

Credit card #: _____ **Exp Date:** _____

Billing Address on card: _____

Signature: _____ **CVV (from back of card):** _____

Please sign and return this form with payment to:

LSHP, 8550 United Plaza Blvd, Suite 1001, Baton Rouge, LA 70809

Phone: 225-922-4520 Fax: 225-408-4422 Email: office@lshp.org

Tax ID # 72-0859040

FOR OFFICE USE ONLY: DATE PROCESSED _____ CHECK #/ CC: _____ CONF. SENT VIA _____ ON _____

LSHP 2017 ANNUAL MEETING SPONSORSHIP PROGRAM

EVENT SPONSORSHIPS

Sponsors assist the Society when they sponsor or reimburse the LSHP for one or more events. Costs involved may vary and may be limited at the sponsor's stipulation. Partial sponsorships are available. Opportunities are available even if you are unable to attend the meeting. **All event sponsors will be recognized in signage for their respective event, in addition to being listed in the meeting brochure, all on-site program materials, signage at the meeting, and the sponsor's logo on the meeting page of the LSHP website with a link to the sponsor's website.**

Sponsorships are available for the following events:

- Welcome Reception..... \$2,000
- Board of Directors Breakfast..... \$800
- Pharmacy Directors Luncheon..... \$3,000
- Continental Breakfasts (Friday and/or Saturday)..... \$2,000
- Exhibit Luncheon..... \$5,000
- Coffee Breaks (Thursday, Friday or Saturday)..... \$1,000
- Past President's Breakfast..... \$500

EDUCATIONAL PROGRAM SPONSORSHIPS

LSHP welcomes sponsorships of all of our continuing education sessions. Approximately 12 speakers are expected for this meeting. Benefits include recognition in the meeting program, acknowledgement at the beginning of the course, and a sign featuring the company name at the room entrance.

- Speaker Fees and Expenses.....\$_____ Please specify amount
- Unrestricted Educational Grant.....\$_____ Please specify amount

TERMS AND CONDITIONS FOR COMMERCIAL INTERESTS ONLY

If you are considered a "commercial interest" and you are interested in an educational program sponsorship, you must agree to the terms and conditions on page 5. The signed agreement must be returned with this form. A commercial interest is defined by the Accreditation Council of Pharmacy Education (ACPE) as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are not commercial interests.

Company Name: _____				
Contact Address: _____				
Street	City	State	Zip	
Contact Telephone, with area code :(_____)_____		Fax: (_____)_____		
Company Contact Person: _____		Contact Email: _____		
Receive confirmation by: (circle one) Mail Email				

PAYMENT METHOD: __ Check enclosed (payable to LSHP) __ Visa __MC __Amex __Disc				
Name on credit card: _____		Signature:_____		
Credit card #:_____		Exp. Date_____		Total Amount: \$ _____

Confirmation & Deadlines: Sponsorship is not considered complete until you have received confirmation from the LSHP office. If you have not received written confirmation by May 12, please call the LSHP office. We must have all logos in our office, in a high resolution format, by April 24, 2017 in order to incorporate them in the program and signage for the meeting.

Please sign and return this form with payment to: LSHP, 8550 United Plaza Blvd, Suite 1001, Baton Rouge, LA 70809
Phone: 225-922-4520 Fax: 225-408-4422 Email: office@lshp.org Tax ID # 72-0859040

FOR OFFICE USE ONLY: DATE PROCESSED_____ CHECK #/ CC:_____

TERMS AND CONDITIONS FOR COMMERCIAL INTEREST EDUCATIONAL PROGRAM SPONSORS

1. For LSHP CPE activities, the following decisions are free of the control of a commercial interest:
 - Identification of CPE needs
 - Determination of educational objectives
 - Selection and presentation of content
 - Selection of all persons and organizations that will be in a position to control the content of the CPE
 - Selection of educational methods
 - Evaluation of the activity
 - Disposition and disbursement of commercial support to CPE activities

2. Funds may be used for expenses related to speaker honoraria and expenses (travel, lodging); educational materials, audio/visual costs, postage expenses; meeting space, catering or meal expenses; or other expenses related to providing the continuing education activity. Direct payment of these expenses is done by the LSHP and not by the commercial interest.

As a commercial interest, I agree to the terms and conditions above.

Name, Title

Company

Date



The Louisiana Society of Health-System Pharmacists

8550 United Plaza Boulevard, Suite 1001

Baton Rouge, LA 70809

(225) 922-4520

(225) 408-4422 Fax

office@lshp.org

www.lshp.org