

The National Association of Medical Examiners ®



Mary Fran Ernst
NAME Meeting Manager
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April 2010

Dear Exhibitor,

The 2010 annual meeting of the National Association of Medical Examiners is a unique marketing opportunity for the nation's leading suppliers and manufacturers of forensic science products. Top officials from the nation's Medical Examiner and Coroner offices will be attending this meeting.

The **2010** annual meeting, to be held at the **Renaissance Hotel, in Cleveland, OH** from **October 1-6**, will bring yet another select market to exhibitors. More than 400 forensic pathologists, medical examiners, coroners, medicolegal death investigators, forensic scientists and administrators will be present. The exhibits will be located in the Exhibit Hall. The strategically placed **exhibit area** will be **the site for all coffee breaks**. This should ensure that you will have an opportunity to meet all of our registrants several times daily.

The 2010 Exhibitor Schedule will be:

Set up:	Friday, October 1	1-5 pm
Show Times:	Saturday, October 2	9:30-11 am
		2:30-4 pm
	Sunday, October 3	7:30-9:00 pm
	Monday, October 4	10:00-11:30 am 2:30-4 pm
Tear Down	Monday, October 4	4-6 pm

I encourage you to reserve your space immediately as there are only 47 booths available. The 8'(deep) by 10'(wide) exhibit booths will be available for this meeting at a cost of \$1200 each. The booth floor plan is attached to this application. **Applications must be accompanied by the booth registration fee.** Please complete the exhibitor application form and reserve your booth for this meeting **now. Deadline for applications is July 1, 2010** or until all booths have been sold.

In appreciation for your support, **two complimentary meeting registrations** (Friday through Monday) will be included with the exhibitor package. Each registration will provide **two (2) of your representatives access to the Scientific Program, a Welcoming Buffet dinner ticket on Friday evening and a breakfast buffet on Saturday and Monday.**

Exhibitors should make Renaissance Cleveland Hotel **reservations** through the NAME meeting room block. The exceptionally low rate is **\$154/night for a single or double accommodation.** A meeting brochure will be sent to all exhibitors in July containing hotel reservation details. At NAME registration, each registrant is given an Exhibitor Directory that includes exhibitor information. Please complete the Directory Information section and return it to me with your application. Following the meeting, a list of meeting attendees will be provided to you.

During the meeting, there are **educational functions that you may sponsor.** I am attaching NAME Sponsorship Program information. These educational grant sponsorships are an exceptional opportunity for your company to be recognized as a special benefactor of the National Association of Medical Examiners. If you are interested in sponsoring a specific event, please contact me at 314-422-6846 to determine its availability.

Because NAME and Saint Louis University are joint sponsors to provide continuing medical education to NAME attendees, the conference is being planned, coordinated and implemented in accordance with the Accreditation Council for Continuing Medical Education (ACCME).

Please contact me via my cell phone at (314) 422-6846, by fax at (314) 522-0955 or e-mail me at ernstmf@slu.edu if you need further information or have any questions.

Sincerely,

Mary Fran Ernst

Mary Fran Ernst
NAME Meetings Manager

Attachments

The National Association of Medical Examiners ®

RULES & REGULATIONS FOR 2010 MEETING EXHIBITORS

INSTALLATION, EXHIBIT AND DISMANTLING SCHEDULE

Set up:	Friday, October 1	1-5 pm
Show Times:	Saturday, October 2	9:30-11 am 2:30-4 pm
	Sunday, October 3	7:30-9:00 pm
	Monday, October 4	10:00-11:30 am 2:30-4 pm
	Tear Down	Monday, October 4

EXHIBITOR REGISTRATION & HOUSING

Exhibitor registration will be available from 1-5 pm on Friday, October 1 at the NAME registration area in the EXHIBIT HALL of the Renaissance Hotel at in Cleveland, Ohio.

Exhibitors can take advantage of our meeting's low hotel rates. The Renaissance Cleveland Hotel convention rate is amazingly only \$154 for a single or double accommodation.

In appreciation for your support, two complimentary meeting registrations will be included with the exhibitor package. Each registration will provide you access to the Scientific Program Saturday through Monday, a Welcoming Buffet dinner ticket on Friday and a Breakfast Buffet ticket for Saturday and Monday.

RULES AND REGULATIONS FOR 2010 NAME MEETING EXHIBITORS

BOOTH & SIGNAGE

The exhibit area will be located in the **Exhibit Hall** that is also the site of all meeting coffee breaks and Poster sessions. Booth space will be assigned on a first-come basis. NAME reserves the right to make final decisions concerning booth assignment and exhibit layout in the best interest of the overall exhibit hall and meeting. Booth size is 8' deep by 10' wide. A recyclable 7" by 44" one-line booth ID sign, pipe/drape, skirted 6' table, two folding chairs and one wastebasket will be provided. Exhibitors must specify the exact copy they wish to appear on the sign.

SECURITY AND INSURANCE

The Exhibitor understands that neither the National Association of Medical Examiners nor the Renaissance Cleveland Hotel maintains insurance covering the Exhibitor's property or lost revenue and it is the sole responsibility of the Exhibitor to obtain such insurance. NAME will not be responsible for any loss or damage to Exhibitor products or equipment. **Security guards will not be provided in the Exhibit Hall.**

The Exhibitor shall procure and maintain (1) insurance to cover exhibit materials against damage and loss, (2) public liability insurance against injury to the person and property of others and (3) workers' compensation insurance in full compliance with all federal and state laws governing all the Exhibitor's employees engaged in performance of work for the Exhibitor. Upon request by NAME, the Exhibitor shall provide a certificate(s) of insurance evidencing the required insurance.

EXHIBITOR SERVICES, SHIPPING & SETUP

Stetson Convention Services, 2900 Stayton Street, Pittsburgh, PA 15212 (phone: 412-233-1090, fax: 412-223-1094, www.stetsonexpo.com) will send exhibitor service kits to exhibitors six to eight weeks prior to the show. For any questions regarding Stetson Conventions Services, please contact Joe Gastony, National Sales Representative at jgastony@stetsonexpo.com

PAYMENT TERMS

The **8' (deep) by 10' (wide)** exhibit booths will be available for this meeting at a cost of **\$1200 each**. Exhibitor applications must be accompanied by the booth registration fee. Applications with fee will be accepted on a first-come basis.

A fifty-percent (50%) refund will be made to Exhibitors if cancellations and requests for refunds are received in writing 60 days prior to the date of the show. If an Exhibitor fails to provide NAME written notice of cancellation and a request for refund at least sixty (60) days prior to the starting date of the show, the Exhibitor will forfeit the exhibit space fee. Refunds will be made following the meeting.

RULES AND REGULATIONS FOR 2010 NAME MEETING EXHIBITORS – cont'd

GENERAL CONDUCT OF EXHIBITS

All materials and activities must be confined to the limits of the exhibit booth, and may not impede traffic or interfere with other exhibits. No exhibitor will assign, sublet, or apportion the whole or any part of the space allocated to him. Any equipment or apparatus producing noise or odors found to be annoying to other exhibitors or guests is prohibited. No exhibit that violates any municipal or state law, rules or regulations including safety codes will be permitted. The National Association of Medical Examiners reserves the right to refuse any applicant for exhibit space as well as to curtail exhibits or parts of exhibits that detract from the character of the meeting. In the event of such a restriction or eviction, NAME is not liable for any refunds for rentals or other exhibition expenses.

HOLD HARMLESS CLAUSE

The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of injury to persons or damage to Exhibitor's displays, equipment, or other property brought into the hotel's premises and agrees to indemnify, defend and hold harmless the National Association of Medical Examiners, the Renaissance Cleveland Hotel, its owner, and its management company, as well as their respective agents, servants and employees against claims or expenses from such losses, including reasonable attorney's fees; that arise out of the use of the Hotel premises excluding any liability caused by the negligence of the National Association of Medical Examiners or the Renaissance Cleveland Hotel, or its owners, servants, agents or employees.

The Renaissance Cleveland Hotel will not be responsible or liable for any loss, damage or claims arising out of Exhibitor's activities on the Renaissance Cleveland Hotel premises except for any claims, loss, or damages arising directly from the hotel's negligence.

The Exhibitor is responsible for installation and removal of exhibits from the show floor during such times and manner as designated by the National Association of Medical Examiners.

The performance of this contract by the National Association of Medical Examiners is subject to acts of God, war, terrorism, governmental regulation, disaster, fire, strikes civil disorder, or other similar cause beyond the control of the parties making it inadvisable, illegal, impractical, or impossible to hold a successful conference. This Contract may be terminated without penalty for any one or more of such reasons by written notice from the National Association of Medical Examiners.

The National Association of Medical Examiners ®

EXHIBITOR APPLICATION & CONTRACT

2010 NAME Annual Meeting & Exhibits
Renaissance Cleveland Hotel
Cleveland, OH

Meeting Dates: October 1-6
Show Dates: October 2-4

(Please type or print the following information **exactly** as it should appear in the Exhibitor Directory)

Organization _____

(Maximum of 21 characters)

Address _____

City/State/Zip _____

Company General Phone Number (____) _____

Website _____

Please indicate below the person to whom exhibit correspondence should be directed.

Contact Person _____

Title _____

Organization _____

Address _____

City/State/Zip _____

Phone (____) _____ Fax (____) _____

E-mail _____

EXHIBIT BOOTH FEE

Exhibit fees: \$1200 for an 8' deep by 10' wide booth space. First time exhibitors receive a \$50 discount on first booth.

BOOTH PACKAGE

All booths are equipped with an 8' foot backdrop and 3' side drape. The exhibit fee includes a skirted 6' table, two folding chairs, a wastebasket and a 7" by 44" one-line ID sign. Twenty-four hour security is NOT included.

BOOTH REQUEST

Number of booths requested _____ Fee enclosed: _____

Attached is the Exhibit Hall layout. Please select the booth location you prefer. Booth assignments will be made on a first come basis after your application and booth fee has been received.

Choice: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____ #7 _____ #8 _____

BOOTH SIGN COPY

Please PRINT CLEARLY the name of your organization, **exactly** as you want it to appear on your booth sign (limited to **21** characters).

Organization _____

EXHIBITOR LISTING

Please provide a 50-word description of your organization's product(s) or service(s) as you wish it to appear in the 2010 Exhibitor Listing. Please submit this listing with your application and booth fee.

