



IDAHO AMBULATORY SURGERY CENTER ASSOCIATION

P.O. Box 140357, Boise, ID 83714 Ph 208-658-9007 Fax 208-658-4511
Sheri Sass, Executive Director sherisass@gmail.com

2018 Exhibitors Prospectus

Annual Conference

March 12-13, 2018

**The Grove Hotel,
245 S. Capitol Blvd., Boise, Idaho**



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TAX ID #82-0507342

Dear Exhibitor;

We are pleased to extend to you a cordial invitation to participate by exhibiting or sponsoring a function at the March 12-13, 2018 annual conference of the Idaho Ambulatory Surgery Center Association in Boise, Idaho at the Grove Hotel. We are in the final stages of putting together another excellent educational program that should appeal to every center in the state.

Included in this packet is an application for Corporate Membership. Please take a minute to review this information and consider having your company become a Corporate member of the Idaho Ambulatory Surgery Center Association if that would be a good level of support.

It should be a good opportunity not only to enjoy the City of Trees as Boise is referred to, but also to visit with administrators and physician owners from throughout Idaho.

Erin Brown, RN
President
IASCA

Sheri Sass
Executive Director
IASCA



GENERAL GUIDELINES

EXHIBIT ASSIGNMENTS

Assignments will be made upon receipt of application form and payment in full of Exhibit space rental fee. IASCA reserves the right to reject any application.

EXHIBIT RATES AND PAYMENTS

\$700.00 per booth. Full amount may be sent with application. **(This fee does not apply for those who have a 2016 Corporate Membership with IASCA)**

STANDARD BOOTHS

Booths are standard 8' tables. All booth space sells for \$700.00.

SHIPPING AND RECEIVING

Boxes/packages may be sent for arrival a maximum five working days prior to group arrival and will be marked with the responsible party's name, group name, plus "Hold for arrival" The shipping address is: The Grove Hotel, 245 South Capitol Boulevard, Boise, ID 83702. Phone number is 1-208-472-2177

EXHIBIT SET UP

Monday, March 12, 2018
12:00 noon -- 3:00 p.m.

EXHIBIT HOURS

Monday, March 12, 2018
3:00 p.m.
Tuesday, March 13, 2018
7:00 – 8:00 a.m., 12:00 – 1:00

TEAR DOWN

Tuesday, March 13, 2018
1:00 – 2:30 p.m.

CANCELLATION POLICY

The IASCA shall not be liable for any damages or expense incurred by Exhibitors in the event the show is delayed, interrupted or not held as scheduled, unless the delay, interruption or cancellation is caused by IASCA in which case a full refund of the Exhibit Fee (or the equivalent of the Exhibit Fee, in the event the exhibit space is provided as a result of a Corporate Sponsorship) shall be provided.

ASSOCIATION CONTACT

For additional information please contact
Sheri Sass, Executive Director
IASCA
P.O. Box 140357,
Boise, Idaho 83714
Email: sherisass@gmail.com Phone (208) 658-9007 FAX (208) 658-4511

**IDAHO AMBULATORY SURGERY CENTER ASSOCIATION
APPLICATION FOR EXHIBIT SPACE
ANNUAL CONFERENCE**

Proper completion and submission of this application for exhibit space at the IASCA Annual Conference in 2018 shall mean the applicant accepts and agrees to abide by the provisions of this application which is hereby incorporated and made part of this contract as well as such additional rules and regulations that IASCA deems necessary provided these latter do not materially alter the exhibitor's contractual rights. A contract for exhibit space shall be completed only after a properly completed application along with a payment in full is received by the association administrator.

A payment in full of \$700 must accompany the completed "Application for Exhibit Space". Please make your checks payable to the IASCA. Please fill in the information requested on this form. Retain a copy for your files, sign and mail the original copy with your check to:

Idaho Ambulatory Surgery Center Association * P.O. Box 140357 * Boise, Idaho 83714
Attention: Sheri Sass

March 12-13, 2018 The Grove Hotel Boise, Idaho

IASCA is hereby authorized to reserve space for our use in the exhibit area of the 2018 Idaho Ambulatory Surgery Center Association Annual Conference.

Our check for \$700.00 is enclosed.

Credit Card Number: _____ 3/ 4 digit code _____ Expiration Date: _____

Name on Card: _____ Amount to be charged: \$ _____

Signature of CC Holder: _____ Date: _____

Firm Name _____ Telephone # _____

Address _____ City, State, Zip _____

Person in Charge of Exhibit _____

Cell Telephone: _____ Email: _____

Address _____ City _____ State _____ Zip _____

Other Company Representative(s) Attending Conference:

Name _____ Name _____

Address, City State, Zip _____ Address, City, State, Zip _____

Cell Telephone _____ Cell Telephone _____

Email: _____ Email _____

Authorized Signature _____ Date _____

For future Conferences, please indicate the name and address of person you wish to receive exhibitor information:

Name _____

Address _____

IASCA OFFICE USE ONLY

Booth(s) assigned: _____

Payment Received: _____

Approved By: _____

Date: _____

Amount: _____

Appendix A: EXHIBITOR TERMS and CONDITIONS

1. **LIABILITY** - The Exhibitor is responsible for the space leased by him and shall not injure, mar or deface the premises. The Exhibitor shall not affix to the walls or windows of the building any advertisement, signs, etc. or use Scotch tape, masking tape or any other adhesive type materials on painted surfaces. The Exhibitor agrees to reimburse the facility, and/or decorator, for any loss or damage to the premises or equipment occurring in the space leased to the Exhibitor. The IASCA and its sponsors shall not be liable for failure to perform its obligations under this contract as a result of strikes, riots, acts of God, or any other causes beyond its control.

2. **AISLES** - The aisles, passageways and overhead spaces remain strictly under the control of the Idaho Ambulatory Surgery Center Association (IASCA), and no signs, decorations, banners, advertising matter or special exhibits will be permitted in them except by special written permission of the IASCA. All exhibits and their personnel must remain within the confines of their own spaces and no Exhibitor will be permitted to erect signs or display products in such a manner as to obstruct the view, occasion injury or disadvantageously affect the display of others Exhibitors. No interference with the light or space of another Exhibitor will be permitted.

3. **SPACE** - The space contracted for is to be used solely for the Exhibitor whose name appears on the Contract. The Exhibitor shall not sublet or assign any portion of same without the written consent of the IASCA.

4. **ALL DEMONSTRATIONS** or promotional activities must be confined within the limits of the exhibitor=s purchased space. Noise resulting there from must not unreasonably interfere with other exhibitors.

5. **RESTRICTIONS** - The IASCA reserves the right to remove exhibits, without refund, that may have been falsely entered, or may be deemed by the IASCA unsuitable or objectionable. This restriction applies to noise, P.A. systems, persons, animals, birds, things, conduct, printed matter, or anything of a character that might be objectionable to the show or the IASCA.

6. **OFFENDERS** will be asked to leave the area if any of the above are violated, and as an exhibitor offender no refund will be given.

7. **CHILDREN** - Children of exhibitors are not to be allowed in exhibit area except under the **direct supervision of a parent**. Please restrict your children to your booth space.

RULES FOR EXHIBITS:

1. **ALL BOOTHS** and decorations **MUST** concur with the facility regulations, city ordinances and local fire codes. Any violations may result in the removal of any materials found to be in violation. Materials for booth decorations and construction must consist of fire resistant material. Contact IASCA if at all in doubt.

2. **IN EVENT EXHIBITION IS NOT HELD** - The IASCA shall not be liable for any damages or expense incurred by Exhibitors in the event the show is delayed, interrupted or not held as scheduled unless such delay, interruption or cancellation is caused by IASCA in which case a refund of the Exhibit Fee (or the equivalent of the Exhibit Fee, in the event the exhibit space is provided as a result of a Corporate Sponsorship) will be provided.

3. **AMENDMENTS** - Exhibitor agrees to abide by decisions of the IASCA concerning all matters pertaining to the administration and success of the Show which are not specifically stated.

4. **SECURITY** - The IASCA agrees to provide reasonable security for the exhibit area. However, Exhibitor agrees that neither the IASCA, the facility management nor the IASCA's insurance company are financially liable for theft, damage, loss or "mysterious disappearance" of any kind. We recommend all exhibitors contact their insurance agents to confirm proper coverage of exhibit materials. Please read carefully the coverage provided by decorators and shipping companies to determine if additional coverage is necessary. Any additional security must be arranged by the Exhibitor at his own expense.

5. **LIABILITY** - Exhibitor agrees that neither the IASCA, nor its representatives will be responsible for an injury, loss or damage that may occur to the Exhibitor or the Exhibitor's employees or property from any cause whatsoever, except that the foregoing shall not apply to injury, loss or damage caused by or resulting from the grossly negligent or willful misconduct of the IASCA. The Exhibitor, on signing the contract expressly releases the aforementioned from any and all claims for such loss, damage or injury.



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TAX ID #82-0507342

Corporate Membership Application -Primary Membership

Name of Facility: _____

Address of Facility: _____
City St Zip

Mailing Address: _____

Contact person: _____

Contact person email: _____

Contact Phone: _____

Contact Fax: _____

CORPORATE MEMBERSHIP

Corporate membership will include a complimentary booth and registration to our annual meeting. Corporate members will also have facility membership database and a direct link on our website to be renewed annually. Corporate membership is limited to companies that support ambulatory surgery centers such as medical supply representatives, financial institutions etc.

Fee for membership is \$1,000.00 annually. (which includes display space at our annual meeting)

ADDITIONAL SUPPORT

Any additional contributions are certainly welcome to help cover our operating expenses and also build a lobbying fund. Suggested amounts are listed below.

\$100.00 _____ \$500.00 _____ \$1000.00 _____ Other \$ _____

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____ 3 or 4 digit code _____ Amt to be charged: _____

Signature of CC Holder: _____ Date: _____

Check in the amount of \$ _____ enclosed.

**Send Payment to IASCA Sheri Sass, PO Box 140357, Boise, ID 83714
FAX credit card payment to Sheri at 208-658-4511.**