



**North Carolina Biomedical Association  
Vendor Information and Agreement**

**7474 Creedmoor Road, PMB 196  
Raleigh, North Carolina 27613-1665  
Ph: 919- 688-6890**

**Federal Tax ID # 58-1474079**

The North Carolina Biomedical Association will hold its 30<sup>th</sup> Annual Symposium **December 1 – 3, 2008** at Pinehurst Resort & Country Club in the Village of Pinehurst, North Carolina. Enclosed you will find a tentative Schedule of Events and Vendors Information and Agreement.

**North Carolina Biomedical Association 2008 Annual Symposium Vendor Schedule**

| Monday, December 1, 2008       |   |   |    |    |    |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|----|----|----|---|---|---|---|---|---|---|---|---|
|                                | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Vendor set up                  |   |   |    |    |    |   |   |   |   |   |   |   |   |   |
| Exhibit Hall Opening Reception |   |   |    |    |    |   |   |   |   |   |   |   |   |   |

| Tuesday, December 2, 2008         |   |   |    |    |    |   |   |   |   |   |   |   |   |   |    |
|-----------------------------------|---|---|----|----|----|---|---|---|---|---|---|---|---|---|----|
|                                   | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Visit the Vendors/Cont. Breakfast |   |   |    |    |    |   |   |   |   |   |   |   |   |   |    |
| Lunch                             |   |   |    |    |    |   |   |   |   |   |   |   |   |   |    |
| Open time, "One on One" demos     |   |   |    |    |    |   |   |   |   |   |   |   |   |   |    |
| Vendor Social                     |   |   |    |    |    |   |   |   |   |   |   |   |   |   |    |
| Dinner                            |   |   |    |    |    |   |   |   |   |   |   |   |   |   |    |
| Exhibit Removal if needed.        |   |   |    |    |    |   |   |   |   |   |   |   |   |   |    |

| Wednesday, December 3, 2008 |   |   |    |    |    |   |   |   |   |   |   |   |   |   |
|-----------------------------|---|---|----|----|----|---|---|---|---|---|---|---|---|---|
|                             | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Final Exhibit Removal       |   |   |    |    |    |   |   |   |   |   |   |   |   |   |

**To encourage attendee participation, vendors are encouraged to have door prizes available that will be drawn during the symposium.** Forms will be available at each booth that will be completed to be eligible for the drawing. Winners must be present to win and if not, drawings will continue until a winner accepts the prize.

**All booths are \$600.<sup>00</sup>. Vendors are limited to no more than 8 booths. Two attendees are allowed per rented booth. Additional representatives are welcome at a cost of \$165.<sup>00</sup> each.** Each booth will be 6' x 10', have one draped table, two chairs and electricity. (Vendor must provide extension cords). Included with booth purchase are meals, free advertisement in the NCBA Newsletter (two half-page ads) and two non-voting memberships in the NCBA for each booth purchased. The advertising copy, for Newsletter, must be camera ready or set-up charges will be made.

**Please indicate on the registration form your attendance for meals so that we can plan appropriately**



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### NCBA Exhibit Space Selection for 2008 NCBA Annual Symposium

Space selection for the 2008 NCBA Annual Symposium began during the 2007 NCBA Annual Symposium. Any available booth spaces will be made available to all vendors after July 1, 2008. The Vendor Coordinator will schedule appointments with each vendor to make their selection. A point system will allow each vendor to select booth space in the most fair and equitable manner.

### NCBA 2009 Exhibit Space Selection Point System

NCBA calculates the number of each vendor's points based on the following criteria:

- 5 points for 2007 and 2008 NCBA Corporate Membership. Corporate Membership must be current and paid prior to selection. These points are only for the current year and are not cumulative.
- 5 points for each booth purchased for the NCBA 2007 and 2008 Annual Symposium Exhibit Hall.
- For being an NCBA 2007 Annual Symposium Gold Sponsor (20 points), Silver Sponsor (15 points) or Bronze Sponsor (10 point).
- 5 points for each booth purchased for the NCBA 2006 Annual Symposium Exhibit Hall.
- **25 points will be deducted for vendors that leave early!**
- Point ties are decided by the first date of receipt of payment for the NCBA 2008 Annual Symposium Exhibit Hall.

**Example:** Vendor Example Co. is an NCBA Corporate Member that purchased 2 booth spaces in 2006 and 2 booth spaces for 2007. Their total points would be 25. (5 – Corporate Membership, 10 – two booths purchased in 2006, 10 – two booths purchased in 2007)

Vendors may set up anytime Monday, December 1, between the hours of 9:00am and 4:00pm.

Tuesday afternoon, 1:00pm to 4:00pm and Wednesday morning, 8:00am to 10:00am has been established as open time. If you have a client outside the Symposium that you wish to demo your equipment to, or an attendee where quality, "one to one" time is needed, these times are designated for that purpose. Those who participate during this time may be one attendee or a group at a time.

Please let us know early if you have special needs in your booth area. Items such as phone lines, LAN connections, broadband connectivity and special electrical services are available at an additional charge. See the last page of this contract for pricing.

All displays must be taken down by 12:00 noon on Wednesday, December 3, 2008. Please plan ahead and have all shipping labels and supplies ready for shipment of your product.

**No displays will be permitted to be taken down prior to the Tuesday evening dinner. The display hall will be open post the dinner session for those who wish to break down their booths.**

If you have any questions, please contact Alan Koreneff – Vendor Coordinator e-mail  
vendor2@ncbiomedassoc.com

## Attention

Many vendors ask how they can do more to help the NCBA while maximizing their company's exposure.

30<sup>th</sup> Anniversary sponsorships are being accepted.

Sponsorships are available for:

Dinner \$10,000.<sup>00</sup>

Lunch \$2,500.<sup>00</sup> - \$5,000.<sup>00</sup>

Breaks \$1,500.<sup>00</sup>

Golf Tournament Box Lunch \$1000.00

Contact Alan Koreneff at [vendor2@ncbiomedassoc.com](mailto:vendor2@ncbiomedassoc.com)  
to arrange or discuss other means of sponsorship  
you may wish to support.

# North Carolina Biomedical Association Vendor Information and Agreement

- EVENT:** 30<sup>th</sup> Annual North Carolina Biomedical Association Symposium & Medical Equipment Exposition
- DATE:** Monday, December 1, 2008 – Wednesday, December 3, 2008
- PLACE:** Pinehurst Resort & Country Club  
P.O. Box 4000  
Village of Pinehurst, North Carolina 28374
- EXHIBITOR'S FEES:** The fee is \$600.<sup>00</sup> per booth, which includes one 6' x 10' booth, draped table, two chairs, electricity (extension cords not provided), sign for booth, annual NCBA dues, and advertising (two half-page ads in the association's bi-monthly newsletter), tickets to Monday's social and Tuesday's lunch, social and dinner for two people. Additional paid registrants will also receive the same social and meal tickets.
- Late fee of \$150.<sup>00</sup> after October 31, 2008.**
- PAYMENT FOR SPACE:** Payment for the booth MUST be returned with the attached Vendor Agreement. We are pleased to be able to offer on-line payment processing through the PayPal secure, encrypted system, utilizing an existing PayPal account or with your Visa or MasterCard. If using PayPal, please email contract to the Vendor Coordinator, print and sign a hardcopy of the contract and mail it to the NCBA address provided.
- INSTALLATION OF EXHIBITS:** Piping and drapes will be set up for booths on Sunday, November 30, 2008. Vendors will have access to exhibit area, Monday, December 1, from 9:00am until 4:00pm for setup.
- CHARACTER OF EXHIBITS:** The NCBA reserves the right to decline or prohibit any exhibit or part of an exhibit booth activity, which in its opinion is unsuitable.
- EXHIBIT HOURS:** Exhibits will be located in the Lower Exhibit hall of the Pinehurst Resort. Exhibit hours are Monday, December 1, 5:00pm – 7:00pm  
Tuesday, December 2, 9:00am – 12:00pm and 5:00pm – 7:00pm.
- GUARD SERVICES:** A security service will be contracted in the Exhibit Hall area during the hours of: 9:00am December 1, 2008 till 12:00pm December 3, 2008.
- REMOVAL OF EXHIBITS:** Removal of exhibits may commence after 7:00pm Tuesday, December 2, 2008 **or** vendors may choose to wait and remove exhibits on Wednesday, December 3, 2008 starting at 9:00am and should be completed no later than 12:00pm.
- RESPONSIBILITY:** The exhibitor assumes entire responsibility and, hereby, agrees to protect, indemnify, defend, save, and hold harmless THE NORTH CAROLINA

BIOMEDICAL ASSOCIATION and their agents, against all claims, losses and damages to persons or property, governmental charges, or fines and attorney fees arising out of or cause by Exhibitor's installation, removal, maintenance, occupancy or use of the exhibition premises or a part, thereof, excluding any such liability caused by the sole negligence of THE NORTH CAROLINA BIOMEDICAL ASSOCIATION and their agents.

In addition, Exhibitor acknowledged that the NORTH CAROLINA BIOMEDICAL ASSOCIATION does not maintain insurance covering Exhibitor's property and that it is the sole responsibility of the Exhibitor to obtain business interruption and property damage insurance covering such losses by the Exhibitor.

**CANCELLATION OF SPACE:**

Any cancellation after October 31, 2008 will result in NO REFUND of exhibitor's fee unless a Vendor on the waiting list can take your place. A FULL REFUND will be given if you notify the NCBA Vendor Coordinator AND another Vendor can take your place.

**NOTE:**

Please sign and return the enclosed **VENDOR CONTRACT** by October 31, 2008. Confirmation of vendor spaces requires receipt of payment and contact from vendor coordinator in order for our association to assign a booth.

**North Carolina Biomedical Association  
30<sup>th</sup> Annual Symposium & Expo  
Vendor Contract**

*December 1-3, 2008*

Please retain one copy for your records and return one copy with payment to the address in Section 6.

Confirmation will be sent by e-mail to contact #1 as listed in Section 2.



| 1  | COMPANY INFORMATION               | 2   | BOOTH SPACE REQUIRED |
|--|-----------------------------------|---|----------------------|
| Company Name _____<br>Address _____<br>Address 2 _____<br>City, State, Zip _____<br>Phone _____ Fax _____<br>Web Address _____   |                                   | <b>Number of Booths (limited to 8) _____ X \$600.<sup>00</sup> each = _____</b><br><br>Two representatives are allowed access per booth rented. <b>Please list below.</b><br>Use back if needed for additional booths.<br><br><b>#1</b> Name _____<br>Address _____<br>City/State/Zip _____<br>Phone _____ Fax _____<br>Email _____<br><p style="text-align: center;"><i>Required for e-mail confirmation</i></p> <b>#2</b> Name _____<br>Address _____<br>City/State/Zip _____<br>Phone _____ Fax _____<br>Email _____ |                      |
| 3  | ADDITIONAL GUESTS/REPRESENTATIVES |   |                      |
| Each booth rented above allows two persons access. Additional guests or representatives may attend at a cost of \$165. <sup>00</sup> each. Use back to list these.<br><br><b>Additional Guests/Representatives _____ x \$165.<sup>00</sup> each = _____</b><br><b>Any payments over \$3000.00 must be made by Check!!!!!!</b><br><b>Total Guest/Representatives attending sponsored meals: _____</b> |                                   |   |                      |

|          |                                   |          |                            |
|----------|-----------------------------------|----------|----------------------------|
| <b>4</b> | <b>NCBA SYMPOSIUM SPONSORSHIP</b> | <b>6</b> | <b>PAYMENT INFORMATION</b> |
|----------|-----------------------------------|----------|----------------------------|

YES, I would like to purchase the following sponsorship:

\*\*\*\*\* GOLD LEVEL \*\*\*\*\*

|   | Amount |       |
|---|--------|-------|
| <input type="checkbox"/> Dinner (Tuesday)                    \$10,000.00  | \$     | _____ |
| <input type="checkbox"/> Lunch (Monday)                        \$2,500.00 | \$     | _____ |
| <input type="checkbox"/> Lunch (Tuesday)                       \$5,000.00 | \$     | _____ |
| <input type="checkbox"/> Lunch (Wednesday)                    \$2,500.00  | \$     | _____ |

\*\*\*\*\* SILVER LEVEL \*\*\*\*\*

|   |    |       |
|---|----|-------|
| <input type="checkbox"/> Break AM (Monday)                    \$1,500.00  | \$ | _____ |
| <input type="checkbox"/> Break PM (Monday)                    \$1,500.00  | \$ | _____ |
| <input type="checkbox"/> Break AM (Tuesday)                    \$1,500.00 | \$ | _____ |
| <input type="checkbox"/> Break PM (Tuesday)                    \$1,500.00 | \$ | _____ |
| <input type="checkbox"/> Break AM (Wednesday)                \$1,500.00   | \$ | _____ |
| <input type="checkbox"/> Break PM (Wednesday)                \$1,500.00   | \$ | _____ |
| <input type="checkbox"/> Golf Lunch Box (Wednesday)        \$1,000.00     | \$ | _____ |

\*\*\*\*\* BRONZE LEVEL \*\*\*\*\*

|   |                 |  |          |
|---|-----------------|--|----------|
| <input type="checkbox"/> \$500.00 Donation    x | <i>Quantity</i> |  |          |
|   | _____           |  | \$ _____ |

\*\*\*\*\* DONATION NCBA \*\*\*\*\*

|   |                 |  |          |
|---|-----------------|--|----------|
| <input type="checkbox"/> \$100.00 Donation    x | <i>Quantity</i> |  |          |
|   | _____           |  | \$ _____ |

**Total**                    \$ \_\_\_\_\_

|                  |                         |
|------------------|-------------------------|
| Section # 2      | Enter subtotal \$ _____ |
| Section # 3      | Enter subtotal \$ _____ |
| Section # 4      | Enter subtotal \$ _____ |
| <i>Sub-total</i> | \$ _____                |

\$150 late fee if postmarked after October 31, 2008.  
(Late fee if applicable)                    \$ \_\_\_\_\_

**Total**                    \$ \_\_\_\_\_

If not using PayPal please make check payable to **NCBA**.  
A signed copy of this contract must be mailed to:

North Carolina Biomedical Association  
7474 Creedmoor Road, PMB 196  
Raleigh, North Carolina 27613-1665

Phone 919-688-6890 [NCBA voicemail]

*(Payment and a signed contract are required to process your registration and assign your booth.)*

|          |                            |  |
|----------|----------------------------|--|
| <b>5</b> | <b>LOCATION PREFERENCE</b> |  |
|----------|----------------------------|--|

I hereby apply for the above exhibit space at the 30<sup>th</sup> Annual North Carolina Biomedical Symposium.

I acknowledge that I have read the Vendor Information and Agreement and will abide by the conditions as outlined in it.

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please indicate if your booth space from the 2007 symposium was satisfactory.*

Yes \_\_\_\_\_ No \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Describe the profile of your business, (example; medical equipment, test equipment, supplies, etc.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Pinehurst Hotel Exhibitor "Additional" Electrical Services Request Form

**Overall Tradeshow Group Name:** NC Biomedical Association 30<sup>th</sup> Annual Symposium

**CSM:** Andrew Duncan

**Exhibitor Set-Up Date:** **Monday, December 1, 2008** @ **Time:**

**Exhibitor Teardown Date:** **Wednesday, December 3, 2008** @ **Time:**

**Exhibitor Name:** \_\_\_\_\_

| TYPE:                                     | # NEEDED   | CHARGE PER LINE           |
|---|------------|---------------------------|
| Standard 120 Volt Outlet                  |            | \$ 75.00                  |
| <b>Standard 208 Volt Outlet</b>           |            |                           |
| **20 Amp/1 Phase                          |            | \$ 75.00                  |
| **20 Amp/3 Phase                          |            | \$100.00                  |
| **30 Amp/1 Phase                          |            | \$125.00                  |
| **30 Amp/3 Phase                          |            | \$150.00                  |
| **60 Amp/1 Phase                          |            | \$200.00                  |
| **60 Amp/3 Phase                          |            | \$225.00                  |
| <b>Additional Electrical Services</b>     |            |                           |
| ** 25 ft /1 outlet extension cord         |            | \$25.00                   |
| ** 50 ft /1 outlet extension cord         |            | \$50.00                   |
| **100ft /1 outlet extension cord          |            | \$75.00                   |
| **Multiple outlet power strip             |            | \$25.00                   |
| <b>Internet Connectivity</b>              |            |                           |
| High Speed Internet Access<br>(Broadband) | [    ]     | \$250.00 per line per day |
| 4-line Hub for Multiple<br>Connections    | [    ]     | \$50.00 per hub per day   |
| Conventional Dial-Up                      | [    ]     | \$75.00 per line per day  |
| <b>Exhibition Company Hired:</b>          |            |                           |
|   | <b>Yes</b> | <b>No</b>                 |

\*Full payment must accompany this form or your order will not be processed. Services are not refundable for no-shows or unused items. Refunds will only be granted outside 14 days from the date power is needed. Note rates are established by the Pinehurst Resort.

**Method of Payment (Checks Will Not Be Accepted by Pinehurst)**

**Type of Credit Card:** \_\_\_\_\_

**Card #** \_\_\_\_\_ **Exp.** \_\_\_\_\_

**Cardholder Name:** \_\_\_\_\_

**Exhibitor's Company Name:** \_\_\_\_\_

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

**Phone #:** \_\_\_\_\_

**Authorized Signer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return To:**

**PINEHURST Resort**

**Conference Services**

**80 Carolina Vista / PO Box 4000**

**Village of Pinehurst, NC 28374-4000**

**Resort Phone:**

**910-295-6811**

**Conference Services Fax:**

**910-235-8496**

**COMPLETED FORMS & PAYMENT ARE DUE MONDAY NOVEMBER 12, 2008.**