

**EXHIBIT SPACE REQUEST
NOT FOR PROFIT ORGANIZATIONS**

**26TH ANNUAL
OREGON RURAL HEALTH CONFERENCE**

NOVEMBER 5-7, 2009

SALISHAN SPA AND RESORT, GLENEDEN BEACH, OREGON

YOU AS A LEADER

**RURAL OREGON'S
NATURAL RESOURCE**



PRESENTED BY
OREGON OFFICE OF RURAL HEALTH
OREGON RURAL HEALTH ASSOCIATION
OREGON RURAL PRACTICE-BASED RESEARCH NETWORK
OREGON AREA HEALTH EDUCATION CENTER

WHY EXHIBIT?

The Oregon Office of Rural Health, Oregon Rural Health Association, Oregon Rural Practice-based Research Network and the Area Health Education Center invite you to participate as an exhibitor in the 26th Annual Oregon Rural Health Conference.

The conference is an opportunity to introduce your services and products to one of Oregon's largest gatherings of rural healthcare providers. Over 200 hospital administrators, hospital and clinic board members, physicians, nurse practitioners, physician assistants, public health administrators, and health care graduate students participate in the conference.

Exhibitor participation is designed to complement education sessions and plays a major role in the success of the conference. Post-conference exhibit hall photos will be posted on the high-traffic ORH website with a link specifically to your site.

GENERAL INFORMATION

CONFERENCE PLACE/DATES/HOURS

The conference is being held at Salishan Spa and Resort, Gleneden Beach, Oregon. <http://www.salishan.com/>. Exhibits may be set up from 12:00noon – 3:00pm on Thursday, November 5, 2009. Although conference attendees will be strolling through the space that day, the first formal exhibit viewing is from 6:00-7:30pm during the conference welcome reception. Breakdown will begin at 3:00pm on Friday, November 6.

ALL REFRESHMENT BREAKS, THURSDAY NIGHT RECEPTION, AND ALL-DAY COFFEE WILL BE SERVED IN THE EXHIBIT AREA.

EXHIBIT SPACE

A **6' draped table** will be available for each exhibitor. Exhibit space is limited and will be reserved on a first-come, first-served basis.

DOOR PRIZES & EXHIBITOR DRAWINGS

Door prizes and exhibitor giveaways are scheduled during the conference conclusion at 11:30am on Saturday, November 7. Conference attendees must be present to win.

EDUCATION SESSIONS

Full-paying exhibitors are invited to attend all education sessions. Meals for one exhibitor representative are included in the exhibit fee. Others in your

organization may attend the education functions without paying the registration fee, but additional meals must be purchased when registering.

TERMS OF PAYMENT AND CANCELLATIONS

Full payment accompanying applications for exhibit space or sponsorship is appreciated. A refund, minus a \$50 administrative fee, will be made if space cancellation is received prior to August 15. No refunds will be made after this date.

NOT-FOR-PROFIT EXHIBIT REGISTRATION

There will be a limited number of tables available for *not-for-profit* organizations. These tables are available for \$150 for each organization, but meals must be purchased separately. It may be necessary for *not-for-profit* organizations to share tables.

LODGING INFORMATION

A block of rooms is being held until **OCTOBER 4** at Salishan, 800-452-2300. Conference lodging rates are as follows:

Traditional	\$109
Deluxe	\$139
Premier	\$189
Executive Suite	\$375

To receive conference rates, reservations must be made by **OCTOBER 4** and you must identify yourself as an attendee of the Oregon Rural Health Conference. Rooms are viewable at:

<http://www.salishan.com/accommodations/rooms/>

QUESTIONS

If you have questions, please e-mail Linda Pepler at peplerl@ohsu.edu, or call her at the Office of Rural Health, 503-494-4450. We look forward to hearing from you and hope you will be joining us.

EXHIBIT SPACE SIGNUP ■ NOT FOR-PROFIT ORGANIZATIONS

(Please print legibly or use your computer to fill-in the fields before printing – it is form-fillable.)

Firm name: _____ Contact: _____

Address: _____ Phone: _____
street city state zip

Email: _____ Website: _____

Company representative(s) you will want nametags for: (Add additional sheet if you need more space)

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Describe in 50 words or less, exactly as you want it to appear in the conference exhibitor listing, the products or services to be exhibited, company representative(s) and phone numbers.

One 6' draped exhibit table @ \$150.00 \$ 150.00

Electrical outlet \$5.00 \$ ____.

Meal tickets:

Friday, Nov. 6 breakfast @ \$26 # _____ \$ ____.

Friday, Nov. 6 lunch @ \$24 # _____ \$ ____.

Saturday, Nov. 7 breakfast @ \$22 # _____ \$ ____.

Total Due \$ ____.

PAY BY CHECK:

Mail form and check payable to:

OHSU Office of Rural Health - L593
3181 SW Sam Jackson Park Road
Portland, OR 97239-3098
Phone: 503-494-4450
Fax: 503-494-4798
Email: pepplerl@ohsu.edu

PAY BY VISA OR MASTERCARD:

Card #: _____

Exp date: _____ 3-digit # on back of card _____

FOR OHSU INTERNAL JE: Debit line: obj. code 6325 **Credit line:** fund 1110, org. 25110, mission 52, obj. 4631