



25th Annual Oregon Rural Health Conference

September 25-27, 2008

Riverhouse Hotel and Convention Center, Bend, Oregon

Sponsored by

*Oregon Office of **Rural Health***

*Oregon **Rural Health Association***

*Oregon **Rural Practice-based Research Network***

*Oregon **Area Health Education Center***



***25 Years of
Learning From
Each Other***

Exhibit Sign-up - 2008

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 25th 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 the Riverhouse Hotel and Convention Center in Bend, Oregon. <http://www.riverhouse.com/>. Exhibits may be set up from 12:00noon – 3:00pm on Thursday, September 25. Although conference attendees will be strolling through the space that day, the first formal exhibit viewing is from 5:30-7:30pm during the conference welcome reception. Breakdown will begin at 5:30pm on Friday, September 26. ***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

There will be a drawing for door prizes at the conference conclusion on Saturday, September 27. Exhibitors are encouraged to use this time to announce winners of their drawings.

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 must accompany applications for exhibit space or sponsorship. A refund, minus a \$50 administrative fee, will be made if space cancellation is received prior to July 25. 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. The *not-for-profit* application is on the page following the *for-profit* application.

Lodging information

A block of rooms is being held until ***August 24*** at the Riverhouse Hotel, 800-547-3928. <http://www.riverhouse.com/>. Conference rates are \$95-\$115 for single/double occupancy. To receive conference rates, reservations must be made by ***August 24 and you must identify yourself as an attendee of the Oregon Rural Health Conference.***

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 Application ■ 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 @ \$500.00 \$ _____
(meals for one representative included)

Electrical outlet \$5.00 \$ _____

Additional meal tickets: (meals for one rep. are included in the exhibit fee)

Friday, Sept. 26 breakfast @ \$23 # _____ \$ _____

Friday, Sept. 26 lunch @ \$24 # _____ \$ _____

Saturday, Sept. 27 breakfast @ \$23 # _____ \$ _____

Total Due \$ _____

Amount
Enclosed \$ _____

Mail completed 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

or pay by VISA/Mastercard:

Card #: _____

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

Exhibit Space Application ■ Not-For-Profit

(Please print legibly or type)

Organization _____ Contact: _____

Address: _____ Phone: _____
street city state zip

Email: _____ Website: _____

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

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 exhibit table @ \$150.00 \$ ____.

Electrical outlet @5.00 \$ ____.

Meal tickets (meals not included in exhibit fee):

Friday, Sept. 26 breakfast @ \$23 # _____ \$ ____.

Friday, Sept. 26 lunch @ \$24 # _____ \$ ____.

Saturday, Sept. 27 breakfast @ \$23 # _____ \$ ____.

Total Due \$ ____.

Amount
Enclosed \$ ____.

Mail completed 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

JE info for OHSU only:

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

or pay by VISA/Mastercard:

Card #: _____

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