

# Exhibit Information //

## **LOCATION**

L'Auberge du Lac Casino Resort  
777 Avenue L'Auberge  
Lake Charles, LA 70601  
Phone : 866-580-7444

## **BOOTH FEE**

If registered by **May 9, 2009**, the fee for each booth is **\$1400**. Please see actual Application for Exhibit Space for details. Space for this meeting is extremely limited. Payment is due with your application. LAFP's Federal Tax ID is 72-0474962. (Note: Registration includes a maximum of six representatives per booth.) **Companies wishing to send more than six representatives must purchase an additional booth or pay an additional \$50 per person charge.** (No more than 4 representatives may occupy the booth at any given time).

## **BOOTH ASSIGNMENT**

**Booth assignments are made according to the date each application and payment, is received. Booth assignments will not be made until fee is paid. All Partners receive premium placement at our meetings. LAFP reserves the right to re-design the layout of exhibition hall and may, at their discretion, reassign booth numbers and placement as needed.**

## **EQUIPMENT SUPPLIED**

Rental includes pipe and drape, including back walls and side rails, identification sign with company name, two (2) chairs and, **one (1) 6' draped table.**

**Any additional needs, e.g., additional tables, furniture, carpets, spotlights, electrical, etc., must be rented from the official decorator, Clark Services.**

## **TENTATIVE SET-UP & DISMANTLE**

**Setup:** *Wednesday, July 8<sup>th</sup>*

**Dismantle:** Exhibitors may begin removing their displays after the last published break on Saturday, July 11th. No display is to be removed prior to that time. If display is removed prior to 1:00 pm on Saturday, a \$200 penalty fee will be incurred.

## **REPRESENTATIVES**

Please provide the LAFP with the individual names, phone numbers, and emails of all representatives who will be manning your booth at this meeting.

## **CANCELLATION OF EXHIBIT SPACE**

A **written** notice of cancellation must be sent to the LAFP Office, 919 Tara Boulevard, Baton Rouge, LA, 70806: a) Notices received on or before 60 days from July 9, 2009, will receive a full refund minus \$100 administrative fee; b) Notices received between 30 – 59 days prior to July 9, 2009, will receive a 50% refund; c) No refunds will be made less than 30 days before July 9, 2009.

## **ADMISSION**

Admission to the exhibit areas will be open to all LAFP meeting attendees. Customers of exhibitors, other than conference attendees will not be allowed on the exhibit floor.

## **WAREHOUSE/CARTAGE/SHIPPING**

Clark Services Audio-visual & Exhibit, Inc. has been contracted by the LAFP as the **exclusive supplier** of rental furniture, electrical, set-up labor, cartage, and related services for this event. **Supplies and services must be purchased through Clark Services. Exhibit materials must be handled through Clark Services. Do not ship materials to L'Auberge du Lac Resort.**

# Exhibit Information

## AMERICANS WITH DISABILITIES ACT

***If you have a disability and/or require special accommodation to participate in this activity please indicate on the Application Form. You will be contacted by a member of the Planning Committee to discuss your specific needs.***

## LODGING

Contact L'Auberge du Lac Resort at 866-580-7444 and identify yourself as a **Louisiana Academy of Family Physicians** meeting attendee, **Group Code # SLAFP, prior to June 7, 2009**, as our room block drops on that date.

## QUALIFICATIONS FOR EXHIBIT DISPLAY

Proprietary drugs, chemicals, or agents that have not been approved by the Council on Pharmacy and Chemistry or by the Council on Physical Medicine of the AMA will not be accepted. Subletting of space is prohibited.

To avoid the possibility of damage to the property and/or LAFP and their agents, no part of an exhibit, or any sign relating thereto, shall be pasted, nailed or otherwise attached to the walls, background, doors, etc. The exhibitor shall pay all damages arising by a failure to observe these rules.

The rights and privileges of an exhibitor shall not be infringed upon by another. Interviews, distribution of literature, demonstrations, etc., must be made inside the exhibitors' booth. Canvassing outside the booth is forbidden. To avoid congestion in the aisles, motion pictures, and/or musical attractions are not permitted in booths. No music will be played in the booth whether by tape, CD, radio or video production, or any

Prize drawings or contests are not permitted within individual booths unless the sweepstakes or raffle is open to all attendees.

All gifts distributed from technical exhibits must comply with the AMA guidelines (e.g., of minimal value, practice related and of patient care benefit).

Exhibiting companies agree to abide by the conditions of this contract and by all conditions under which space at L'Auberge du Lac Resort is leased to the Academy. **Exhibiting companies accept responsibility for informing their employees and agents of these conditions and agree that they will abide by them.**

## PROTECTION

The LAFP acts for exhibitors and their representatives in the capacity of agent, not as principal. The Academy assumes no liability for any act of omission or commission in connection with this agency.

Exhibitors and their representatives release the LAFP and L'Auberge du Lac and their assigns from any and all liabilities for loss or damage ensuing from any cause whatsoever, except for claims for damages or injuries caused by or resulting from the negligence of the LAFP or L' Auberge du Lac Casino & Resort or its agents, servants and employees.

The LAFP and L'Auberge du Lac will take reasonable precautions to safeguard each exhibitor's property by securing the exhibit hall, however, they can assume no liability whatsoever for loss or damage.

## LIABILITY

Each party to this agreement, including the LAFP and the exhibitor, shall be responsible for any liability arising out of its own negligence or that of its employees or agents.

# LOUISIANA ACADEMY OF FAMILY PHYSICIANS

## Application for Exhibit Space

Please execute, sign and return this application with payment to LAFP, 919 Tara Blvd, Baton Rouge, LA 70806. Please contact Mary Catherine Koonce with any questions by phone, (225)923-3313, by fax (225)923-2909 or by email mckoonce@lafp.org.

REGISTRATION DEADLINE PRIOR TO MEETING	62nd ANNUAL ASSEMBLY BOOTH FEE
60 DAYS OR MORE	Registered by 05/09/2009 <b>\$1400.00</b>
59 DAYS—30 DAYS	Registered by 06/09/2009 <b>\$1500.00</b>
29 DAYS—1 DAY	Registered AFTER 06/09/2009 <b>\$1600.00</b>
<b><u>ONSITE</u> REGISTRATION</b>	<b>\$1700.00</b>

\_\_\_\_ Please check here if you require special accommodations in order to participate. Provide details: \_\_\_\_\_

**PLEASE PRINT OR TYPE: SIGNATURE REQUIRED TO PROCESS!!!!**

1. I wish to secure \_\_\_\_ booth space(s) at the LAFP Annual Assembly at a rate of \$ \_\_\_\_\_ **EACH**, for a total of \$ \_\_\_\_\_
2. **PRINT** Company name to appear on identification sign: \_\_\_\_\_
3. We request that our space not be adjacent to the following companies: a. \_\_\_\_\_ b. \_\_\_\_\_  
*(LAFP reserves the right to re-design the layout of the exhibition hall and may, at their discretion, reassign booth numbers and placement as needed )*
4. **Note: Maximum number of representatives covered by each BOOTH FEE is SIX; maximum number of representatives allowed to occupy booth at any given time is FOUR**

NAME OF REPRESENTATIVE(S)	PHONE	EMAIL

**5. Any additional representatives entered below are at a rate of \$50 each.**

NAME OF REPRESENTATVIE(S)	PHONE	EMAIL

**SIGNATURE OF COMPANY REPRESENTATIVE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I herby apply for exhibit space for use at the 62nd Annual Assembly of the Louisiana Academy of Family Physicians. I understand that when received by the LAFP, this application becomes a binding contract. By signing below, I acknowledge that I have read and fully understand **2009 Exhibit Prospectus**, and that exhibit space can only by secured by submitting this signed, completed form. **NOTE: Full payment should be enclosed to ensure booth assignment.**

I have included: \_\_\_\_\_ a check - OR - Credit Card Type \_\_\_\_\_ Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3 digit code: \_\_\_\_\_ I authorize the amount of \$ \_\_\_\_\_ to be charged to the above credit card.

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OFFICE USE ONLY—Date Received: \_\_\_\_\_ CC Code or Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_