



103RD

ANNUAL CLINICAL ASSEMBLY

EXHIBITORS PROSPECTUS

GRAND CYPRESS,
ORLANDO FLORIDA
MAY 2ND - 4TH





Connect with influential Ophthalmologists and Otolaryngologists from around the country at the 2019 Annual Clinical Assembly of the American Colleges of Ophthalmology and Otolaryngology- Head and Neck Surgery. In it's 103rd year, this conference is a valuable means to grow your business and build your brand.

Come join us in beautiful Orlando Florida! The three-day meeting will give you access to these professionals during meal times, breaks in lectures and at the popular welcome reception along with more.

EXHIBITORS ENJOY:

- *An invitation to the kick-off party*
- *One 8x10 booth space*
- *Complimentary internet access*
- *Breakfast and snacks during breaks*
- *A list of all attendees*
- *Direct access to attending physicians, students, residents, program directors, faculty and more*
- *Featured in our agenda*
- *Exhibitor Gathering with drinks and hors d'oevres*

EXHIBITORS AGENDA

WEDNESDAY, MAY 1ST

12:00 pm- 10:00 pm

Exhibit Setup

6:00 pm- 8:00 pm

Kick- Off Party (Poolside)

THURSDAY, MAY 2ND

6:30 am- 7:30 am

Exhibits Open and Breakfast is Served

6:30 am- 3:00 pm

Registration and Info Desk Open

6:30 am- 1:00 pm

Exhibit Hours

6:30 am- 5:00 pm

ACA Scientific Posters

7:45 am- 3:00 pm

ACA Ophthalmology and Otolaryngology CME Courses

3:30 pm- 5:30 pm

Workshops

FRIDAY, MAY 3RD

6:30 am- 7:30 am

Exhibits Open and Breakfast is Served

6:30 am- 3:00 pm

Registration and Info Desk Open

6:30 am- 1:00 pm

Exhibit Hours

6:30 am- 5:00 pm

ACA Scientific Posters

7:00 am- 3:00 pm

Workshops

SATURDAY, MAY 4TH

6:00 am- 7:00 am

AOCOO-HNS Council of Residents and Fellows Meeting with Breakfast

6:30 am- 7:30 pm

Exhibits Open and Breakfast is Served

6:30 am- 11:00 am

Exhibit Hours

6:00 am- 11:30 pm

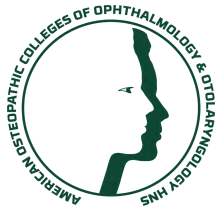
ACA Scientific Posters

6:30 am- 12:30 pm

Registration and Info Desk

7:00 am- 3:00 pm

ACA Ophthalmology and Otolaryngology CME Courses and Workshops



SPONSORSHIP OPPORTUNITIES



PARAMOUNT SPONSOR (\$20,000)

Enjoy exclusive leverage as the Paramount Sponsor of the 2019 AOCOO-HNS year. This package includes 3 dedicated e-blasts, full conference exhibit registration at the ACA, 5-night hotel stay at the ACA, your logo in the onsite magazine at the ACA, ample onsite signage, linked logo on our website, and your logo in our quarterly newsletter.

WIRELESS PARTNER (\$15,000)

Sponsor the wifi at the ACA! You will enjoy customizable login information, your website as the landing page, ample signage, and your logo in the onsite magazine.

REGISTRATION COUNTER FLYERS (\$1,000)

Put your flyer out at the general registration desk.

EXPO HALL ENHANCEMENTS (\$5,000)

Sponsor exciting surprises in the expo hall that attendees are sure to love. Think massage chairs, smoothie bars, cappuccino carts, and more!

LANYARDS (\$7,000)

HOTEL ROOM KEYS (\$7,000)

BREAKFAST (\$5,000 PER DAY)

LUNCH (\$5,000 PER DAY)

EXHIBIT RULES AND REGULATIONS

Program Purpose: The AOCOO-HNS Foundation is committed to providing the highest quality continuing medical education by developing, monitoring, and maintaining educational standards for ophthalmology, otolaryngology-head and neck surgery, and facial plastic surgery. Consistent with this goal is the recognition that continuing medical education for the members is essential.

The CME programs sponsored by the AOCOO-HNS Foundation are designed to assist in keeping the members informed of pertinent new developments in the diagnostic and therapeutic aspects of patient care as they relate to ophthalmology, otolaryngology-head and neck surgery, and facial plastic surgery. The scope of the programs offered by the AOCOO-HNS Foundation is a result of recommendations by the Foundation Board of Directors and the Professional Program Committee Chairmen and Members, Executive Meeting Staff, and attendees.

Acceptance of Exhibits: The tabletop exhibitor must first complete an application, including appropriate payment. This application is subject to the approval of the management. The right is reserved to refuse application for exhibits.

Space Assignment: Upon receipt of your application, a confirmation and receipt will be sent. Tabletop assignment is through Viper Trade Show Services. Contact John Olis at jolis@vipertradeshow.com or call John Olis at (847)946-8771.

The exhibit hall will not be secured at night

Payment: The cost of each tabletop exhibit is \$3,000 per booth.

Inability to Attend: Exhibitor registration Insurance is now included in all registration fees. This coverage is underwritten Lloyds of London. Terms & Conditions to see what is covered under the policy. The AOCOO-HNS will provide No Refunds if you are unable to attend. Instead, we now provide a refund insurance policy. You will receive a 100% refund, if you are unable to attend the event for a reason outside of your control that is covered under the policy. This coverage starts on the date you pay for registration and ends on the first date of the show. The URL below takes you to our claims website and then click on the tab Policy <https://www.rainprotectionrefunds.com/attendee-exhibitor-refund-request-form/>

General Conduct: The following practices are prohibited: (a) noisy electrical or other mechanical apparatus interfering with other exhibitors; (b) canvassing or distributing any material outside the exhibitor's own space; (c) publicizing and/or maintaining any extracurricular activities, inducements, demonstrations, or displays away from the exhibit area during the meeting and exhibit hours; or (d) contests, lotteries, raffles, games of chance, or any unauthorized give-away items.

Liability: As a standard requirement for all exhibitors, it is necessary to provide proof of general liability coverage from an insurance company in good standing with minimum policy limits of \$1,000,000 per occurrence and \$2,000,000 aggregate. This insurance must be in force during the lease dates of the event, May 1-4, 2019, naming American Osteopathic Colleges of Ophthalmology and Otolaryngology - Head and Neck Surgery Foundation (3200 Carlisle Blvd NE, Suite 225, Albuquerque, NM 87110) as the certificate holder. The following must be named as additional insured: American Osteopathic Colleges of Ophthalmology and Otolaryngology - Head and Neck Surgery Foundation and Hyatt Regency Grand Cypress. If you already have compliant coverage, please forward your proof of insurance to mackenzie@aocoohns.org.

Or Simply purchase your Exhibitor Insurance, which is already pre-filled with all of the proper show information, directly online by using a credit card.

Visit Link Below to Purchase Your Insurance for just \$84

<https://securevendorinsurance.com/Rainprotection/ApplicantInformation?GroupEventKey=fdc1bdb9c859>

Setup: Exhibitors may set up on Wednesday, May 1st any time from 12:00 pm- 10:00 pm

You are reminded, however, that this is an open area, and you have the primary responsibility for safeguarding your merchandise. The AOCOO-HNS Foundation and the Hyatt Regency Grand Cypress assumes no liability for loss or damage through any cause of goods, exhibits, and other material owned, rented, or leased by the exhibitor.

Exhibit Hours: As a courtesy to the registrants and your fellow exhibitors, the AOCOO-HNS Foundation requests that your company representative be available at your tabletop exhibit during the following seminar hours listed on page 3.

Breakfast, Coffee Breaks and Lunch: Continental breakfast and coffee breaks will be served both days (Friday and Saturday) in the exhibit area. Light lunch will be served Saturday in the exhibit area.

General: All matters and questions not covered by these regulations are at the discretion of the AOCOO-HNS Foundation and/or Executive Meeting Staff.

These regulations may be amended at any time.

Authorized Signature:

By signing and delivering this form customer agrees to all terms and conditions associated with this form. Please read thoroughly for all instructions prior to placing order



2019 ANNUAL CLINICAL ASSEMBLY EXHIBITOR REGISTRATION FORM

Please type or print clearly:

Company Name _____ Phone Number _____ Fax Number _____

Address _____ City _____ State _____ Zip Code _____

Exhibitor Fees

Entire Conference \$3,000

Add-Ons

Reg. Bag Insert \$1,000

Floor Decals \$5,000

Twitter Vending Machine \$5,000

Expo Hall Enhancement \$5,000 ea.

Name Badges for Onsite representatives: _____

Payment Information

Check enclosed for the total amount of \$ _____

Bill my credit card for the amount of \$ _____

Check one:

AMEX

VISA

MC

DISCOVER

Total amount enclosed: \$ _____

Name on card _____

Card # _____ Exp. date _____ CVV # _____ Zip Code _____

REQUIRED

- My exhibitor registration form

- The signed rules and regulations

- One one high-res version of my company logo

- my 150-250 word company bio

- The names of my company representatives

Exhibitors must stay until the end of exhibit hours for all days that they are registered. Packing up and leaving early disrupts the flow and integrity of the entire room. Therefore, all credit card information will be kept on file, and \$500 will be charged to any exhibitor that packs up and leaves early without the consent of an AOCOO-HNS representative.

shipping information: HYATT REGENCY GRAND CYPRESS

One Grand Cypress Boulevard

Orlando, FL 32836

Hold for: "GROUP NAME"

"YOUR NAME" (Or Name of On-Site Contact) Box # ___ of _

Email/mail/ or fax completed forms to : AOCOO-HNS - 3200 Carlisle Blvd NE, Suite 225, Albuquerque, NM 87110 or register online at

aocoohns.org

ralph@aocoohns.org - 855.262.6646 (voice/text/fax)



2019 ANNUAL CLINICAL ASSEMBLY SPONSORSHIP REGISTRATION FORM

Please type or print clearly:

Company Name	Phone Number	Fax Number	
Address	City	State	Zipcode
Contact Person	E-mail Address		

SPONSORSHIP SELECTIONS

Conference Sponsorship:

Please choose your level of sponsorship

- Paramount: \$20,000**
- Wireless Partner: \$15,000**

A La Carte Sponsorship:

- Registration Counter Flyers: \$1,000**
- Expo Hall Enhancements: \$5,000**
- Lanyards: \$7,000**
- Hotel Room Keys: \$7,000**
- Breakfast: \$5,000 per day**
- Lunch: \$5,000 per day**

Payment Information

- Check enclosed for the total amount of \$ _____
- Bill my credit card for the amount of \$ _____

Total amount enclosed: \$ _____

Name on card _____

Card # _____ Exp. date _____ CVV # _____ Zip Code _____

Check one:

- AMEX
- VISA
- MC
- DISCOVER

REQUIRED

- My sponsorship registration form
- My 150-250 word company bio
- The signed rules and regulations
- The names of my company representatives
- One high-res version of my company logo

Email/mail/ or fax completed forms to : AOCOO-HNS - 3200 Carlisle Blvd NE, Suite 225, Albuquerque, NM 87110- Or register online at aocoohns.org
ralph@aocoohns.org - 855.262.6646 (voice/text/fax)

DO YOU WANT TO ADVERTISE YOUR COMPANY IN OUR AGENDA?

8.5" wide x 11" high

FULL PAGE
\$500

HALF PAGE
\$300

QUARTER PAGE
\$200

2.375" wide x 9.5" high

2.375 wide x 4.5" high

5" wide x 2.125" high

1/6TH PAGE
HORIZONTAL
\$150

1/6TH PAGE
VERTICAL
\$150

1/3RD
PAGE
VERTICAL
\$250

5" wide x 5" high

1/3RD
PAGE
SQUARE
\$250