North Carolina Medical Society
Leadership in Medicine

LEAD
HEALTH CARE CONFERENCE

LEADERSHIP | EDUCATION | ADVOCACY | DISCOVERY

OCTOBER 18-19, 2018 | RALEIGH MARRIOTT CRABTREE VALLEY | RALEIGH, NC

2018 EXHIBITOR PROSPECTUS
WHAT IS THE NCMS LEAD HEALTH CARE CONFERENCE?

The North Carolina Medical Society (NCMS) is pleased to present the LEAD Health Care Conference, offering all that the name suggests — leadership development, educational sessions, the latest advocacy news and innovative health care discoveries. Mixed into all that? Ample time for networking and fun. What would you get from LEAD?

- An opportunity to present your organization’s products and services to LEAD attendees — 150-200 physicians, physician assistants, residents, medical students and other health care leaders and stakeholders;
- Promotion of your organization within all LEAD marketing materials and on the LEAD website;
- Effective traffic flow, with designated food functions, including a cocktail reception, breakfast and daily breaks within the exhibitor hall for added exposure;
- Additional networking opportunities, including the special event at the Angus Barn Pavilion on Thursday evening;
- A pre-show list of all registered LEAD attendees.

COST: The Standard Exhibit booth fee is $1,200 for one 8’ x 10’ booth, including up to two representatives. The Premium Exhibit fee is $2,000 for a double booth (20’ x 8’) in a priority location, including up to six representatives. Additional booth personnel for either level is $325 per person.

INCLUDED IN STANDARD FEE: (1) 8x10 booth, (2) chairs, (2) exhibitor badges, (1) wastebasket, (1) 6-ft. skirted table, (1) electrical connection and (1) pre-show attendance list.

PAYMENT: Applications must be submitted with payment IN FULL for space rental charges. Applications received without such payment will not be processed nor will space assignments be made. The deposit of payments does not constitute acceptance of application.

To apply for an exhibit rental space, complete the application form and mail, along with payment, to NCMS, PO Box 27167, Raleigh, NC 27611; or email to meetings@ncmedsoc.org or fax to 919-833-2023 with full credit card payment information included.

CANCELLATION POLICY: In the event it is necessary for the exhibitor to cancel their space rental agreement, a full refund (less a $50 processing fee per booth) will be made for requests postmarked by September 1, 2018. No refunds will be made on cancellations postmarked after this date. Cancellations must be received in writing from the authorized exhibitor representative.

EXHIBIT HOURS: Tentative Booth Setup/Breakdown Hours & Exhibit Hall Hours:

Thursday, Oct. 18, 2018
12:00pm-2:00pm Booth Setup
2:15pm-2:45pm Break
4:15pm-4:30pm Break
5:30pm-7:00pm Reception

Friday, Oct. 19, 2018
7:00am-8:30am Breakfast
9:30am-10:30am Break
1:30pm-2:00pm Break
3:15pm-3:45pm Break
3:45pm-4:15pm Teardown

WHAT TO WEAR: Business casual is the appropriate attire for the conference and related conference events. Exhibit personnel must wear attire consistent with the professional decorum of the LEAD Conference and conduct themselves in a professional manner.

HOTEL ACCOMMODATIONS: Group rates have been arranged at the Raleigh Marriott Crabtree Valley Hotel for $139 (plus tax) per night. The group rate cutoff is August 24, 2018. PLEASE NOTE: Hotel reservation information will be provided with your exhibitor registration confirmation via email.

RALEIGH MARRIOTT CRABTREE VALLEY: The Raleigh Marriott completed a $38 million expansion and renovation in 2016. Conveniently located just off I-440 across the street from numerous shops and fine dining at Crabtree Valley Mall, the hotel offers free parking, smart TVs, WiFi, a fitness center and outdoor pool. For details on the facility or directions, visit http://www.marriott.com/hotels/travel/rdunc-raleigh-marriott-crabtree-valley/.
1. SPACE: The space contracted is to be used solely for the Exhibitor whose name appears on the Contract. The Exhibitor shall not sublet or assign any portion of same without the written consent of the NCMS. Sponsors receive prime display locations and exhibitor space is assigned by the NCMS on a first-come, first-served basis as signed applications and monies are received by the NCMS office.

2. PROMOTIONAL MATERIALS, COLLATERAL OR ACTIVITIES: All promotional materials and activities must be confined within the limits of the Exhibitor's purchased space. Per CME regulations, such materials are not permitted in meeting rooms or at the meeting registration desk, and may not be delivered to attendees' hotel rooms. Product theater events require a separate contract; contact the NCMS for details.

3. BOOTH SET-UP: All booths and decorations MUST concur with the facility regulations, city ordinances and local fire codes. Any violations may result in the removal of materials found to be in violation. Materials for booth decorations and construction must consist of fire resistant material.

4. IN EVENT EXHIBITION IS NOT HELD: The NCMS shall not be liable for any damages or expense incurred by Exhibitors should the show be delayed, interrupted or not held as scheduled.

5. SECURITY: Security will not be provided in the exhibit area. Exhibitors are urged to remove all valuables during non-exhibit hours. Exhibitors agree that neither the NCMS, nor the facility management is financially liable for theft, damage, loss, or disappearance of any kind. The NCMS recommends all Exhibitors contact their insurance agents to confirm proper coverage of exhibit materials. Please read carefully the coverage provided by decorators and shipping companies to determine if additional coverage is necessary. Any additional security must be arranged by the Exhibitor at his own expense, directly from the facility. The facility will be locked during the time that exhibits are not being shown; however, certain facility employees will have access to the space for cleaning, etc.

6. LIABILITY: Exhibitor agrees that neither the NCMS nor its representatives, will be responsible for any injury, loss, or damage that may occur to the Exhibitor, the Exhibitor's employees, family, or associates, or property from any cause whatsoever. The Exhibitor, on signing the contract, expressly releases the aforementioned from any and all claims for such loss, damage, or injury.

7. CANCELLATIONS: Cancellations by September 1, 2018, will receive a full refund of fees paid, less a $50 processing fee. No refunds are provided for cancellations after that date.

8. ELECTRICITY: The NCMS will provide standard 110-volt electricity at no charge upon request. Please indicate on the application if electricity is required. For additional power needs, Exhibitors should contact the facility.

9. SIGNAGE: An identification sign will be provided for each booth.

10. SHIPPING: Vendors are responsible for ALL arrangements in the shipping of exhibits. Please bring your company's own shipping forms and account number in order to make your own shipping arrangements. Shipping information will be sent with a confirmation to the "Company Contact" listed on the application.

11. HOTEL RESERVATIONS: Exhibitors may use the group's discounted hotel rates. Hotel information will be sent with a confirmation to the "Company Contact" listed on the application.

12. REPRESENTATIVE REGISTRATION: Representatives will be sent a link to register online prior to the meeting; reps must be registered online in order to have a badge.

CONFERENCE CONTACT: For additional information, please contact:
Nancy Lowe, CMP
North Carolina Medical Society
PO Box 27167, Raleigh, NC 27611
Phone: (919) 833-3836 / Fax: (919) 833-2023
Email: meetings@ncmedsoc.org

SPONSORSHIP OPPORTUNITIES
Additional sponsorship opportunities are available at various levels for specific events, meal functions, educational sessions and other aspects of the conference. Please contact us at meetings@ncmedsoc.org for more information.
Note: The company name, as listed below, will be used for your booth sign and program listing. All information will be sent to the company contact. The company contact will be responsible for distributing information to the company representatives. Questions? Call the NCMS at (800) 722-1350 | (919) 833-3836 or email meetings@ncmedsoc.org.

### EXHIBITOR CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Company Name <em>(will be used for booth sign and program listings)</em></th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person <em>(this is the authorized contact who will receive all LEAD exhibitor information)</em></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Phone (800# and/or direct line)</td>
<td>Fax</td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Representative #1 <em>(Complimentary – for on-site badge)</em></td>
<td>Representative #2 <em>(Complimentary – for on-site badge)</em></td>
</tr>
<tr>
<td>Representative #1 Email Address</td>
<td>Representative #2 Email Address</td>
</tr>
</tbody>
</table>

**Premium-Level Exhibitors:** Please use additional sheet to list Representatives #3 - #6

### YOUR EXHIBIT DETAILS

- Do you need an electrical connection for your booth?  
  - [ ] Yes  
  - [ ] No

- List any company you want your booth to be near.
- List any company you do not wish to be near.

*Required: Service/Product description *(25 words or less):*

---

I hereby acknowledge that I have received the 2018 LEAD Health Care Conference Exhibit Hall rules and regulations and will abide by them as stated in the Prospectus. It is understood that these rules and regulations are part of the application and contract for exhibit space.

---

### Accepted For Exhibitor *(Authorized Signature)*

<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>

---

### PAYMENT INFORMATION

- Enclosed is my check made payable to the North Carolina Medical Society for my total booth fees.
- Charge my total booth fees to my  
  - [ ] Visa  
  - [ ] MC  
  - [ ] AMEX

<table>
<thead>
<tr>
<th>Card Number</th>
<th>Security Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expiration Date</td>
<td></td>
</tr>
</tbody>
</table>

---

**PLEASE COMPLETE THIS APPLICATION AND RETURN IT TO THE NCMS WITH PAYMENT.**

Email to meetings@ncmedsoc.org, fax to 919-833-2023, or mail to NCMS, PO Box 27167, Raleigh, NC 27611.