

**64th Wyoming Hospital Association Annual Meeting &  
Convention**

**Annual Meeting & Convention  
& Convention**

SEPTEMBER 30, 2009

SHERIDAN, WYOMING

# Exhibitor Guide



**Please Note**

**New Program Format**

**Wednesday, September 30, 2009**

**[Click Here To Register Online](#)**

# Exhibit Information

## EXHIBIT FEES

The exhibit fee is \$525 per booth. All exhibit spaces are assigned on a first-come, first-serve basis. Exhibit fee includes:

- An 8' X 10' booth
- Draped side rails and table linens
- Table and two chairs
- Listing in the convention booklet
- Two complimentary tickets to special meal functions

## BOOTH SPECIFICATIONS

WHA will provide and arrange for erection of exhibit booth and uniform color draping and table linens. Each exhibit must be confined to the spatial limits (8' X 10') of its respective space. If your display is larger, you will need to purchase two exhibit spaces. Each 8' X 10' booth includes back drape and draped side rails and a draped table and two chairs. **Extension cords may be required and are the exhibitor's responsibility.** Any special electrical needs should be discussed with the Holiday Inn Catering Department well in advance of the exhibit show.

## EXHIBIT SPECIFICS

We anticipate to have in attendance over 200 hospital decision makers, including administrators, finance directors, directors of nursing, public relations directors, personnel directors, education directors, purchasing agents, medical record directors, auxiliaries, social workers, central service personnel, home health managers, quality assurance managers and others. On hand will be representatives from nearly all of the 31 Wyoming community and specialty hospitals and Veterans Affairs hospitals.

## DOOR PRIZES

Exhibitors are encouraged to participate in their own drawings at their booth. Prizes will be drawn and awarded on Wednesday during the Chairman's Reception.

## HOSPITALITY SUITES

WHA asks that those considering a hospitality suite inform WHA in advance.

## EXHIBIT STORAGE

If you will require assistance with transportation and/or storage of freight, you are responsible for making the necessary arrangements through the Sales Office at the Holiday Inn. WHA will not be responsible for your materials or equipment while exhibiting during our Convention.

## ADVERTISING

Advertising in the 2009 Convention Brochure is a cost-effective way to reach attendees and increase your marketing efforts. The 8 ½" by 5 ½" brochure, included in all registration packets, will include the itinerary of meetings, educational offerings, social events, speaker biographies, and other important information. The combination of exhibiting and advertising provides the perfect opportunity to project your organization's image and show your involvement with the health care industry.

### Advertising Fees:

Back outside cover 8" X 4 ½"	\$300
Back inside cover 8" X 4 ½"	\$250
Front inside cover 8" X 4 ½"	\$300
Full page inside 8" X 4 ½"	\$250

# Exhibit Information

## EXHIBITOR TIME SCHEDULE

### Set-Up

**Wednesday, September 30, 2009**

**8:00 a.m. - 10:30 a.m.**

### Exhibition Time

**Wednesday, September 30, 2009**

**11:00 a.m. - 2:00 p.m.**

**Lunch will be served in vendor area**

**4:00 p.m.—6:00 p.m.**

**Chairman's Reception in Exhibit Hall**

**6:00 p.m.—9:00 p.m.**

**Awards Banquet/Entertainment**

**Exhibit Hall will close at 5:45 p.m.**

**Vendors are encouraged to attend the Banquet.**

**Booths can be dismantled after the Banquet**

### Dismantling

**Wednesday, September 30, 2009**

**6:00 p.m.—10:00 p.m.**

We ask that you have a representative of your company be present at your booth during all of the above listed exhibition times. Please do not dismantle your booth prior to the above listed dismantling time. Many of the exhibitor activities that registrants participate in require that they visit each booth.

## ATTENDING WHA PROGRAMS

Exhibitors are invited and encouraged to attend any of the social events and general functions of our Convention. However, unless you are a member of one of our allied groups, the business meetings on Wednesday afternoon are intended to be for hospital representatives. A complete packet, including a schedule for various programs will be mailed to all registered exhibitors in early September.

## SPONSORING

A sponsorship will additionally give you an opportunity to show your support for Wyoming health care providers. Sponsoring is a wonderful way for your organization to gain additional notoriety from Convention attendees. Your company's name is spotlighted during the sponsored event, and special recognition is given in Convention publications. For more information on sponsoring, please refer to the enclosed form sent with the Exhibitor Contracts.

## HOTEL INFORMATION

A block of rooms has been reserved at the Sheridan Holiday Inn at a discounted rate. When making reservations at the hotel, please mention that you are with the Wyoming Hospital Association Annual Meeting & Convention to receive the discounted rates.

## GOLF

We will be sponsoring a golf tournament at The Powderhorn Golf Club on Tuesday, September 29, 2009. If you would be interested in either playing or becoming a sponsor for the Tournament, please indicate on the registration form.

## INQUIRIES

Please direct all questions and comments to:

Rose Fishback  
Wyoming Hospital Association  
P.O. Box 249  
Cheyenne, WY 82003  
rose@wyohospitals.com  
307-632-9344  
www.wyohospitals.com

Holiday Inn  
1809 Sugarland Drive  
Sheridan, WY 82801  
307-672-8931

# Exhibit Information

## WYOMING HOSPITAL ASSOCIATION

September 30, 2009

Sheridan, Wyoming

ORGANIZATION: \_\_\_\_\_  
(Type or print name as it should appear on Convention materials)

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

Name & Title of those staffing your booth: (Registration is for two (2) Attendees)

Name \_\_\_\_\_ City/State \_\_\_\_\_

Name \_\_\_\_\_ City/State \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Booths will be assigned on a first come, first assigned basis.**

Please provide 15-20 word description of the product or service of your organization, for the Exhibitor Listing

We hereby agree to exhibit as indicated at the 2009 WHA Annual Convention. We understand that \$50 will be retained by WHA if we cancel prior to August 15, 2009 and that \$100 will be retained for cancellation after August 31, 2009. There will be no refund for cancellations after September 15, 2009.

By: \_\_\_\_\_  
Authorized Signature Date

\_\_\_\_\_ Full Booth Exhibit Fee Enclosed \$525.00

\_\_\_\_\_ Advertising Fee - See Brochure

\_\_\_\_\_ Additional Tickets for Attendees (\$50.00) - Please attach list of names.

\_\_\_\_\_ Sponsorship (Please also complete Sponsorship Form)

\_\_\_\_\_ TOTAL AMOUNT ENCLOSED

\_\_\_\_\_ In order to better accommodate our vendors, this section must be completed if you have additional needs, i.e. electrical, Internet access, phone lines, or exhibits are larger than the 8x10 allotted space. (Additional fees may apply) Please describe your requirements below:

# Exhibit Information

## WYOMING HOSPITAL ASSOCIATION September 30, 2009

### SPONSORSHIP FORM

In preparing for our 2009 WHA Annual Meeting & Convention, we would like to give you an additional opportunity to show your support for Wyoming healthcare providers. Sponsoring is a wonderful way for exhibitors to gain additional notoriety from convention attendees. Your company's name is spotlighted during the sponsored event, and special thanks are given in convention publications.

There are many different levels of sponsorship available, each for different events. Listed below are the different types, with a brief description. If you would like to take advantage of this opportunity, simply check which event or activity you wish to sponsor, and return the form to:

Rose Fishback, Convention Coordinator  
Wyoming Hospital Association  
P.O. Box 249  
Cheyenne, WY 82003

_____	\$500	Break - Refreshments, Coffee, Snacks
_____	\$500	Continental Breakfast
_____	\$1,000	Co-sponsor Chairman's Reception
_____	\$1,500	Co-sponsor Speaker
_____	\$200	Hole Sponsorship for Golf or Prize Donation
_____	\$_____	Other (please describe) _____

If you wish to discuss other possibilities of sponsorship please feel free to call Rose Fishback at 307-632-9344. We thank you for your continued support of our Association and its Membership.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Sponsoring Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address \_\_\_\_\_

# Exhibit Information

## 3rd Annual Wyoming Hospital Association PAC Golf Tournament The Powderhorn Golf Club - Sheridan, Wyoming September 29, 2009 B 12:30 p.m. Shotgun Start



Format: 4 person per team scramble at a cost of \$125 per player or \$500 per team.

We are looking for sponsors for this event as well as contributions for hole prizes. If you have any questions regarding sponsorship, contributing hole prizes or just wanting to sign up for the event, please contact Rose Fishback at 307-632-9344.

Fee includes: 18-hole green fee, riding cart, prizes and a social following play

Hole Sponsor - \$200

Prize Donation (please specify) \_\_\_\_\_

Participants - Please print names - \$125/person or \$500/Team

Name:

Handicap or Approximate 18 Hole Score

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name and Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_