



Colorado Pharmacists Society  
6825 E. Tennessee Ave., Suite 440  
Denver, CO 80224  
303-756-3069 phone  
303-756-3649 fax  
val@copharm.org  
www.copharm.org

Friends of the Colorado Pharmacists Society:

We warmly invite you to the:

**2011 CPS Annual Fall Meeting**  
**Friday, October 14, 2011**  
**Doubletree Hotel Denver Tech Center**  
**Greenwood Village, Colorado**

The Exhibit Hall will be the central feature of our Annual Fall Meeting complemented by a well-rounded educational program including clinical and disease management issues.

This is the second year that we are meeting at the Doubletree Hotel DTC, located one block west of the I-25 and Orchard Road interchange. The address is 7801 East Orchard Road, Greenwood Village, CO 80111, phone number (303) 779-6161.

A block of guest rooms have been reserved at special conference rates for Thursday and Friday, October 13 and 14. Reservations should be made no later than September 10, 2011 by calling (303) 779-6161 and asking for the Colorado Pharmacists Society rate of \$114 per night with a 2-night stay (\$139 Thursday; \$89 Friday).

Exhibit times will coincide with the hard breaks and lunch time on Friday. Please refer to the Exhibit Packet that follows for details. Since exhibit space will be limited, don't miss this opportunity to complete and return the attached *Contract for Exhibit Space* to the CPS office as soon as possible.

Thank you for your continued support of Colorado Pharmacists Society. Once again, we ask for your support of this event through the purchase of exhibit space and/or program sponsorship. We look forward to seeing you at the Doubletree DTC!

Sincerely,

**Laura Borgelt**  
President  
Colorado Pharmacists Society

**Val Kalnins**  
Executive Director  
Colorado Pharmacists Society

# CONTRACT FOR EXHIBIT SPACE

2011 CPS Annual Fall Meeting  
Doubletree Hotel Denver Tech  
7801 East Orchard Road  
Greenwood Village, Colorado 80111  
(303) 779-6161.

**Company** \_\_\_\_\_  
**Contact** \_\_\_\_\_  
**Contact's Title** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City, State Zip Code** \_\_\_\_\_  
**Phone & Fax** \_\_\_\_\_  
**Email** \_\_\_\_\_

I agree to abide by this contract for exhibit space which includes the provisions stipulated in the *Exhibitor Contract Conditions, Rules and Regulations*. This contract shall be governed by the laws of the State of Colorado. I understand that the registration fee WILL NOT be refunded in the event that we do not exhibit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REGISTRATION

<u>Quantity</u>	<u>Item</u>	<u>Fee</u>	<u>Amount Due</u>
_____	Registration (Space in Exhibit Hall)	\$750	\$
_____	Additional Representatives (>2)	\$50 each	\$
			\$ _____

## REGISTERED EXHIBIT REPRESENTATIVES

1. (Included with Booth Fee) \_\_\_\_\_
2. (Included with Booth Fee) \_\_\_\_\_
3. (Additional \$50 per name) \_\_\_\_\_
4. (Additional \$50 per name) \_\_\_\_\_

Check Enclosed (payable to "CPS")  
Or Charge to: MC VISA AMEX  
Cardholder's Name (*print*): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

**TOTAL AMOUNT DUE**

\$

## RETURN CONTRACT WITH PAYMENT BY OCTOBER 7, 2011 TO:

Colorado Pharmacists Society  
6825 E. Tennessee Ave. #440, Denver, CO 80224  
(303) 756-3069 (303) 756-3649 FAX CPS Tax ID # 84-0394763

# Exhibitor General Guidelines

## 2011 CPS Annual Fall Meeting

Doubletree Hotel Denver Tech  
7801 East Orchard Road  
Greenwood Village, Colorado 80111  
(303) 779-6161

<b>EXHIBIT HALL</b>	
Exhibit Hall	The Exhibit Hall improves annually to best accommodate the needs of exhibitors and conference participants. Input from previous meeting attendees has been considered. No continuing education classes are scheduled during exhibit hall hours.
Exhibit Hours	<b>Friday, October 14, 2011</b> 10:00-10:15 AM 12:30-2:00 PM 3:00-3:15 PM
<b>NOTE:</b>	Exhibit hours are subject to change pending schedule revisions; registered exhibitors will be notified.
<b>EXHIBIT SPACE</b>	
Exhibit Preference	CPS will finalize exhibit assignments one week prior to the Annual Fall Meeting and you will be notified of your exhibit assignment upon arrival at the Exhibit Hall.
Exhibit Setup/Teardown	Set-up will be from 6:00-8:00 pm on Thursday, October 13 and 8:00 to 9:30 a.m. on Friday, October 14. Teardown will begin at 3:30 p.m. Friday, October 14, 2011
Exhibit Space	Each exhibit space will be provided with one 6' draped table, a sign and two chairs. Twelve (12) exhibit tables are available; <i>exhibit space will be accepted on a first-come, first-served basis.</i>
<b>FEES and PAYMENTS</b>	
Changes	Please notify the CPS office via FAX at (303) 756-3649 of any changes in exhibitor personnel by Wednesday, September 28, 2011. <b>PERSONNEL OF NON-EXHIBITING COMPANIES ARE NOT PERMITTED IN THE EXHIBIT HALL.</b>
Exhibit Fees	The 2011 exhibit exhibit fee of \$750 includes one 6' draped table and admission to Exhibit Hall functions for up to two (2) representatives from your company.
Exhibit Representatives	The exhibit fee includes Exhibit Hall admission for up to two (2) of your company's exhibitor representatives. Each additional representative will be charged \$50 per person which helps to cover additional overhead and catered meal functions in the Exhibit Hall. Representatives are invited to participate in education sessions on a space available basis.
Payment	CPS accepts payment by check, MasterCard, VISA and American Express. <i>Contracts for exhibit space will be accepted on a first-come, first-served basis.</i>
Sponsorships	A variety of sponsorship opportunities are available or we can customize a sponsorship to suit your budget. You are encouraged to consider this opportunity to maximize your time and visibility at the Fall Meeting. Please complete and return the enclosed <i>Sponsorship Agreement</i> form.
<b>ADDITIONAL INFORMATION</b>	
Hotel Accommodations	The room block is at the Doubletree Hotel DTC, 7801 E. Orchard Road, Greenwood Village, CO 80111, 303-779-6161 Reservations for accommodations should be made as soon as possible.
Questions	If you have any questions not answered above, please phone the CPS office at (303) 756-3069 or e-mail to the address <a href="mailto:val@copharm.org">val@copharm.org</a> . FAX number is (303) 756-3649.
Registrants	A list of names of the Fall Meeting Registrants will be provided to your company upon request at the registration desk.
Special Needs	CPS may assist in providing special needs for physically challenged representatives attending the Annual Fall Meeting. Please contact the CPS office at (303) 756-3069 by September 14, 2011.
<b>Tax ID</b>	<b>CPS's tax identification number is 84-0394763.</b>

## EXHIBITOR CONTRACT CONDITIONS, RULES & REGULATIONS

**NATURE OF EXHIBITS:** The 2011 CPS Annual Fall Meeting Exhibit Hall is intended to provide a showcase of products and services used in the pharmacy profession. CPS reserves the right to refuse to rent space to any company whose display of goods, products or services is not compatible with the general character and objectives of the Exhibition.

**ASSIGNMENT OF SPACE:** Spaces in the Exhibit Hall will be reserved and assigned on a first-receipt of contract with payment, first-served basis with due consideration to each exhibitor's utility requirements and all other matters relating to the successful conduct of the exhibits. If space is not available, a waiting list will be developed in the same order.

**SUBLETTING OF EXHIBIT & PROHIBITED USES:** Exhibitors are prohibited from assigning or subletting any part of the space allotted to them, nor shall they exhibit or permit to be exhibited in their spaces any merchandise or advertising materials which are not a part of their own regular goods, products or services

**DISMANTLING OF EXHIBITS:** Exhibits are to be kept intact until the official closing of the Exhibit Hall. Teardown of exhibits will begin immediately at the end of the last exhibit session. If an exhibit is not removed promptly, CPS has the right to remove and store the exhibit at the expense of the exhibitor.

**PAYMENT AND PROVISION IN CASE OF DEFAULT:** If an exhibitor fails to pay when due any sum required by the Contract, or fails to perform any other term or condition of the Contract, or fails to observe and abide by these Contract Conditions, Rules and Regulations; CPS reserves the right to terminate the Contract immediately without refund of any monies paid.

**CANCELLATION OF CONTRACT:** Notice of cancellation of exhibit space must be in writing to the Colorado Pharmacists Society (CPS). No refunds will be made for cancellations.

**INSURANCE & LIABILITY:** Exhibitor acknowledges that the CPS, its members, officers, staff and management company, the Doubletree Hotel DTC do not maintain insurance covering Exhibitor's property and that it is the sole responsibility of the Exhibitor to obtain business interruption, property damage and personal injury insurance covering such losses by the Exhibitor.

The Exhibitor hereby further agrees to protect, indemnify, defend, save and hold harmless the CPS, its members, officers, staff and management company, the Doubletree Hotel DTC, the city of Denver and their employees and agents against all claims, losses, and damages to persons or property, governmental charges or fines and attorney fees arising out of or caused by the Exhibitor's installation, removal, maintenance, occupancy or use of the exhibition premises or a part thereof, excluding any such liability caused by the sole negligence of the Doubletree Hotel DTC or its agents. It is understood by the exhibitor that the nature of the facilities available, the presence or circulation of large number of people, the numbers of removable articles in many booths, and various other factors, make it mandatory that each exhibitor shall assume the risk of any such injury, loss or damage. The Exhibitor, by signing this Contract, thereby assumes such risk and expressly releases the above-named parties from all claims for any such loss, damage or injury. For this indemnification to apply, the party claiming indemnity must immediately notify the indemnifying party upon receipt of notice of any claim or lawsuit and must permit the indemnifying party's authorized attorneys and personnel (at the indemnifying party's discretion and cost) to handle and control the defense of such claims or lawsuits. The party claiming indemnity agrees to fully cooperate and aid in such defense and shall not settle any such claims or lawsuits without the prior written consent of the indemnifying party. In case said premises shall be destroyed by fire or the elements or by any cause, or in the case of Government intervention or regulation, military action, strikes or if any other circumstances make it impossible or inadvisable for CPS to hold the Convention and Exhibit, then and thereupon the Contract shall terminate and the exhibitor shall waive any claim for damages or compensation, except the pro rata return of amounts paid for space, after the deduction of actual expenses incurred in connection with the Exhibit, and there shall be no further liability on the part of either party. This agreement may be terminated for any one or mores of such reasons by written notice from one party to the other without liability.

## SPONSORSHIP AGREEMENT

### 2011 CPS Annual Fall Meeting

#### SPONSORSHIP RECOGNITION

Sponsorships are an excellent means of obtaining corporate visibility and ensuring support of the CPS Annual Fall Meeting. All sponsors are acknowledged in the program and the CPS newsletter. Available opportunities

- Platinum Level — \$2,500 or more, entitled to a complimentary booth in a preferred location in the Exhibit Hall \*
- Gold Level — \$1,000 to \$2,499
- Silver Level — \$500 to \$999
- Bronze Level — Under \$500

**Company** \_\_\_\_\_

**Contact** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State Zip Code** \_\_\_\_\_

**Phone & Fax** \_\_\_\_\_

**E-mail** \_\_\_\_\_

#### EVENT or ITEM SPONSOR

We agree to sponsor the following

	<u>Full Sponsor</u>	<u>Co-Sponsor</u>	<u>Partial Sponsor</u>	<u>Amt Due</u>
Awards Banquet	\$2,000.00	\$1,000.00	\$ 500.00	\$
Registration Brochure	\$1,000.00	\$ 500.00	\$ 250.00	\$
Final Program Binder	\$1,000.00	\$ 500.00	\$ 250.00	\$
Refreshment Breaks	\$ 800.00	\$ 400.00	\$ 200.00	\$

**Event Amount**    \$ \_\_\_\_\_

Check Enclosed (payable to "CPS")

Or Charge to:    MC    VISA    AMEX

Cardholder's Name (*print*): \_\_\_\_\_

**TOTAL AMOUNT DUE**

**\$**

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

**\*Note:** Platinum Level Sponsors (\$2,500+) should complete and return the *Contract for Booth Space*.

Please Return this Agreement with payment to:  
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