

**5th Annual Medical Director Forum
Health Care in America: Quality, Innovation & Accountability**

November 3–4, 2011 • Four Seasons Hotel Las Vegas

Exhibiting & Registration Information

Exhibiting Fee — \$7,500

Exhibit fees include:

- Complimentary conference attendance for two (2) representatives
- Table top booth space during the 11/3 reception and 11/4 lunch
- Draped 6' or 8' table
- Attendance to Thursday's CME sessions
- Attendance to Wednesday and Thursday evening's dinners and receptions
- Attendance to sessions on Friday as deemed "open to public" (to be determined)
- Accreditation as required
- Conference materials

Exhibit Space Application

Review and complete the Application for Exhibit Space in its entirety. Return the signed form to OptumHealth at least 30 days prior to the start of the conference.

Exhibitor Registration

Register online at

www.optumhealtheducation.com/mdf2011

All individuals at the exhibition and conference must register through the conference Web site.

Exhibit Date and Hours

Thursday, Nov. 3.....5:45–7:15 p.m.

Friday, Nov. 4.....12:30–1:30p.m.

Food and refreshments will be served during the open exhibit times

Exhibiting Requirements

Exhibit Setup and Dismantle. Exhibitors are responsible for set up and tear down of their display. Displays can be assembled starting at 3 p.m. Thursday, and must be dismantled by 2:30 p.m. Friday.

Staffing. It is requested the exhibit be staffed throughout the open exhibit time.

Special Needs. Exhibitor is responsible for any special requirements, such as electrical and audiovisual equipment. Contact LuAnne Ronning for ordering information.

Exhibit Materials. All signs, displays and handouts are solely the responsibility of the Exhibitor. OptumHealth and the Four Seasons Hotel Las Vegas are not responsible for the security of items in the exhibit area.

Shipping

Shipping of materials to and from the hotel is the responsibility of the Exhibitor. Packages will be accepted by the hotel if received within 3 business days of the conference. To ensure proper delivery, include the following information on your packages:

1. Hold for Arrival
Attn: Exhibitor's Name/Organization
OptumHealth Conference
Arrival Date: 11/3/11
2. *Address package as follows:*
Four Seasons Hotel Las Vegas
Attention: Tina Golden, CMP
3960 Las Vegas Boulevard South
Las Vegas, NV 89119

Box ___ of ___

Hotel Information

Hotel: Four Seasons Hotel Las Vegas,
3960 Las Vegas Blvd. S., Las Vegas, NV 89119

Phone: Call American Express Business Travel at
800-720-7893. Mention Meeting Number UHG04983
to receive the group discounted rate.

Rate: \$189.00 single/double.

Room Block Release Date: October 5, 2011

Cancellations

If your company must cancel, prompt notification to the Exhibit Manager is requested.

Right of Refusal

OptumHealth reserves the right to refuse conference registration, attendance and exhibitor applications.

Contact Information

Exhibit Manager: LuAnne Ronning
Phone: (218) 834-6369
Fax: (612) 234-0477 or (218) 834-5047
E-mail: luanne.ronning@optumhealth.com

For complete conference details, including online registration and housing information, go to www.optumhealtheducation.com/mdf2011.

**5th Annual Medical Director Forum
Health Care in America: Quality, Innovation & Accountability
November 3–4, 2011 • Four Seasons Hotel Las Vegas**

Exhibit Application

EXHIBITOR INFORMATION: (please type or print clearly)

Exhibiting Organization: _____

Exhibitor Contact Name: _____

(Company representative to receive all information regarding exhibits and the conference.)

Title: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone: _____ **E-mail (required):** _____

List any probable Exhibitors you DO NOT wish to be near: _____

PAYMENT INFORMATION:

Refer to your Conference Support Agreement or Letter of Invitation to Exhibit.

PROMOTIONAL INFORMATION:

Organization Name for Conference Materials:

(Use upper and lower case letters exactly as you want your organization's name to appear in conference materials and signage.)

INSTRUCTIONS:

Instructions (refer to the Exhibiting Information sheet for fee information and exhibiting details):

(1) **Application:** Complete this form to apply for exhibit space. Submit the completed form at least thirty days prior to the start of the conference.

(2) **Registration:** All on-site representatives from your organization must register at

www.optumhealtheducation.com/mdf2011

(3) **Right of Refusal:** OptumHealth reserves the right to determine eligibility of any applicant as an Exhibitor.

By signing this form, you agree: The Exhibitor assumes all responsibility for any and all loss, theft, or damage to exhibitor's displays, equipment and other property while on Four Seasons Hotel Las Vegas premises, and hereby waives any claim or demand it may have against UnitedHealth Group and Four Seasons Hotel Las Vegas, or their affiliates, arising from such loss, theft, or damage.

In addition, the Exhibitor acknowledges that UnitedHealth Group does not maintain insurance covering Exhibitor's property. It is the sole responsibility of the Exhibitor to obtain appropriate insurance covering any losses by the Exhibitor.

You agree to comply with any instructions or other terms contained in other materials delivered to you concerning this exhibit.

Authorized Signature: _____ **Date:** _____

Application Due Date: October 5, 2010

For more information contact:

Exhibit Manager: LuAnne Ronning

Phone: (218) 834-6369

E-mail: luanne.ronning@optumhealth.com

3 Ways to Submit Your Application:

1) **E-Mail:** luanne.ronning@optumhealth.com

2) **FAX:** (612) 234-0477 or (218) 834-5047

3) **MAIL:** Bethany Blauer

OptumHealth Education

MN010-S157

6300 Olson Memorial Highway

Minneapolis, MN 55427

**Go to www.optumhealtheducation.com/mdf2011
for conference information and registration.**