Exhibitor Registration Form

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**ASPHP Regional Conference –**

**Movement Matters**

**Saturday, April 13, 2019**

**7:30 A.M. – 4:00 P.M.**

**McConnell Heart Health Center**

**3773 Olentangy River Road**

**Columbus Ohio 43214**

**PLEASE PRINT:**

|  |  |
| --- | --- |
| **Company Name** |  |
| **Contact Person** |  | **Title** |  |
| **Email** |  | **Phone** |  |
| **Address** |  |
| **City** |  | **State** |  | **Zip** |  |
| **Company Products/Services** |  |
| **Website URL** |  |
| **Booth Representative Name** |  | **Title** |  |
| *Please list name as it will appear on badge* |  |  |
| **Booth Representative Name** |  | **Title** |  |
| *Please list name as it will appear on badge* |  |  |

**Add additional booth representative information here if needed.**

**TABLE & CHAIR – please indicate if you need table & chair or not**

[ ]  Yes, we need table and chair [ ]  No, we don’t need table and chair

**ELECTRIC & INTERNET CONNECTION: –** Electricity is available; however, outlets are limited. For your needs, please bring your own cords & strips.

[ ]  Yes, we need electricity [ ]  No, we don’t need electricity

Exhibitor Opportunities

[ ]  **Exhibitor Registration Fee: $850.00** [ ]  **ASPHP Sponsors: $600.00**

Includes:

* Space with one 6’ table and 2 chairs
* 2 name badges per exhibitor space

|  |  |
| --- | --- |
| **Number of Booth Purchased:** |  |

**Additional Options:**

[ ]  **Keynote Speaker Sponsorship: $850.00** (Verbal recognition at the opening session, your company’s name & logo will be included in promotional materials and include your organization’s marketing materials in the registration packet. One additional name badge for booth representative.)

[ ]  **Breakfast Sponsorship: $500.00** (your company’s name & logo will be included in promotional materials. A signage of your sponsorship will be placed at the breakfast area.)

[ ]  **Break Sponsorship: $300.00** (your company’s name & logo will be included in promotional materials. A signage of your sponsorship will be placed at the break area.)

[ ]  **Lunch Sponsorship: $850.00** (your company’s name & logo will be included in promotional materials. A signage of your sponsorship will be placed at the meal area.)

[ ]  **Attendee Bag Sponsor: $500.00** (your company’s name & logo will be imprinted on the attendee bag and included in promotional materials, your organization’s marketing materials in the registration packet.)

[ ]  **Marketing Insert: $150.00** (include your organization’s marketing materials in the registration packet.)

[ ]  **Additional Name Badge for Booth Representative: $100.00***(max two additional Representative per booth purchased)*

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| **Total payment:**  |  | *\*Registration confirmation will be sent via email only.* |

**Please email the completed registration form along with the payment to** **a.wiest@kamo-ms.com** **or mail the registration to ASPHP Headquarters.**

**Payment: Check (Make check to ASPHP)**

**Mail to:** ASPHP Headquarters, 125 Warrendale Bayne Road, Suite 375, Warrendale, PA 15086

|  |  |  |  |
| --- | --- | --- | --- |
| **Card Number:** |  | **Exp. Date:** |  |
| **Card Billing Address:** |  |
| **Name on Card:** |  | **3 or 4 digit Security Code:** |  |

**Or by Card: □ Visa □ MasterCard □ American Express □ Discover**

***Exhibitor space is limited and assigned on a first-come,***

***first-served basis! Reserve your space now!***

**Accommodation:**

Please make your own lodging reservations.

* + Direction and Hotel List

 Please make your own lodging reservations. [Download direction and hotel list here.](http://www.asphp.org/wp-content/uploads/2018/11/Hotels-Restaurants-RMH.pdf)

**Set Up Time**: Saturday, Apr 13 at 6 AM. All booths must be setup and ready to go by 7 A.M. for the continental breakfast.

Exclusive time has been planned so that registrants may have sufficient opportunity to see company products and interact with company representatives.

**Agenda**

**7:30-8:00 Registration**

**8:00-8:30 Welcome and reflection**

**8:30-9:15 Lecture: Current State of the Evidence and reflection on Current Practice in following areas**

* **Therapeutic Dosing across the continuum of care**
* **Neuroplasticity Principles**

**9:15-9:45 Safe Patient Handling in Rehabilitation**

**9:45- 10:00 Break**

**10:00-10:45 Equipment demonstration of SPHM equipment solutions with focus on rehabilitation**

**10:45-11:45 Group work on planning treatment interventions in a variety of patient scenarios. Reflect and outline various options based on the mobility task and scenario presented**

**11:45-1:15 Lunch and vendor time**

**1:15-2:45 Groups will practice integrating the equipment into their treatment intervention in equipment stations based on clinical implementation of the mobility task provided in the morning session**

**2:45-3:00 Break**

**3:00-3:30 Report on work done in stations**

**3:30-4:00 Reflection on learning and evaluation**

General Registration Policies

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| **1.** | **MANAGEMENT -** All arrangements for Exhibits are to be made with Staff at ASPHP. |
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| **2.** | **EXHIBIT SPACE –**Includes one 6’ table with two chairs, 2 name badges per exhibitor space. |
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| **3.** | **SHIPPING –**This is at your cost and responsibility. The facility cannot store and will NOT accept any material. Instruction on drop off location will be provided later.  |
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| **4.** | **ASSIGNMENT OF SPACE –** Priority is based on when the application is received.  |
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| **5.** | **EXHIBIT –** Management reserves the right to limit products/services displayed. ASPHP reserves the right to remove any Exhibit which may detract from the general character of the Event. |
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| **6.** | **LIABILITY –** It is agreed that any damage to walls, furniture, rugs or other of Integrated Center for Education shall be chargeable to the Exhibitor liable for such damage. It is further agreed that the Exhibitor shall indemnify and exempt the Association of Safe Patient Handling Professionals and the Integrated Center for Education from all liability, which may ensure from any cause whatsoever. The ASPHP and the Exhibit Management shall not be held responsible for the safety of Exhibits against fire, theft, or property damage or for accidents to Exhibitors or their employees. Exhibitors should place their own insurance to cover all contingencies. |
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| **7.** | **EXHIBIT HOURS –** Exclusive time has been planned so that registrants may have sufficient opportunity to see company products and interact with company representatives. |
|  |  |
| **8.** | **PAYMENT** - Payment must accompany the Exhibit Form. |
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| **9.** | **CANCELLATION POLICY –** Refunds are not available. There is no refund for cancellations.  |

Please contact Annie Wiest at a.wiest@kamo-ms.com or phone 724-935-1531 if you have any question.

**By submitting the registration form and payment, Exhibitor agrees to comply with all Registration Policies. More information will be sent 3-4 weeks prior to the event.**

*ASPHP reserves the right to cancel the event if the minimum registration is not met. If ASPHP Headquarters does not receive a minimum number of registrants by* ***Mar 13, 2019,*** *the event will be cancelled. In the event of cancellation, registration fees will be refunded, but travel expenses will NOT be reimbursed. Please do not make travel arrangements until receipt of confirmation from ASPHP Headquarters that the event will be held.*