



39TH ANNUAL MEETING & EXHIBITION OCTOBER 29-30, 2019

RENAISSANCE COLUMBUS WESTERVILLE-POLARIS HOTEL • WESTERVILLE, OHIO

INVITATION TO EXHIBIT AND SPONSOR

Meet and connect with the most influential group of HME business leaders in Ohio as an exhibitor and/or sponsor at OAMES' 39th Annual Meeting & Exhibition scheduled October 29 & 30 at the Renaissance Columbus Westerville-Polaris Hotel Westerville, Ohio. The annual conference exhibit hall is designed to provide attendees with firsthand information about medical products and services and bring buyers and suppliers of these items together to share a productive networking experience.

The exhibit program is an ESSENTIAL part of the overall educational program for this meeting. Each year, we try to incorporate changes and improvements that reflect member feedback to ensure a great experience for everyone involved. We hope you'll consider the sponsorship opportunities in addition to purchasing an exhibit display. If you have company promotional items and would like them included in our official packets, or other suggestions of ways to improve the on-site experience, **please contact Heidi in the OAMES office at info@oames.org**. Some ideas include:

- Your company lanyards, pens, notepads, sticky pads etc.
- Tote bags, registration packets/folios, etc.
- Gift cards, flash drives, memory sticks, etc.

The educational goal of this executive event is to give the decision-makers of Ohio's HME companies' technical insight and strategic business analysis into what the future holds for the HME community. As an important partner of this community, we welcome your participation in all aspects of this conference including the education sessions. Watch for a conference schedule in October. To learn more about OAMES, visit us on the web at www.oames.org or call 614-876-2424.

PACKET CONTENTS*

Page 2 Exhibit Information; hours and fees
Page 4 Sponsorship Options; new pricing structure!
Page 5 Application/Contract for Exhibit Space and Sponsorship

*Details regarding attendees, placement and shipping will be provided at a later date.

CONTACT FOR QUESTIONS REGARDING EXHIBITS AND SPONSORSHIPS

Heidi Moss
Ohio Association of Medical Equipment Services (OAMES)
500 W. Wilson Bridge Rd., Ste. 125
Worthington, Ohio 43085
Phone: 614-876-2424
Fax: 614-467-2071
eMail: info@oames.org
Website: www.oames.org

Part I: Exhibition Information

EXHIBIT & NETWORKING HOURS

Tuesday, October 29

3:00 PM – 5:00 PM – Exhibitor Set-up

5:00 PM – 6:30 PM – Exhibit Viewing During Reception

Anticipated conference attendance: 60-70 executives

Wednesday, October 30

11:45 AM – 1:15 PM – Exhibit Viewing During Lunch

1:15 PM – Exhibitor Break-down

EXHIBIT HALL HAPPY HOUR Social Reception in the Exhibit Hall – Our evening social reception will be held in the exhibit hall again this year to maximize networking opportunities and capture the popular fun of “happy hour.”

Don't forget! We do not require you to be at your booth at all times. We want to encourage you to GO to where the best networking is, whether that be on the exhibit floor, in the classrooms, sitting in the lounge, or chatting in the hall. Take advantage of this great Ohio audience and go “where the action is.” The relaxed atmosphere of OAMES' program will lend to a more informal, yet productive, type of networking opportunity... a chance to have fun while sharing ideas and experiences with your peers.

EXHIBIT FEES

- OAMES Member: \$599.00 (Includes registration for two representatives)
- OAMES Non-member: \$849.00
- Additional reps: \$129.00/person

BENEFITS OF EXHIBITING

- Meet face-to-face with OAMES members, establishing contacts and building relationships that would be difficult to achieve with traditional marketing channels.
- Your contact information and company description will be provided to all attendees as a part of our conference Exhibitor Directory.
- Acknowledgement of your participation will be highlighted on the OAMES website and published in a post-event eBulletin.
- Complimentary conference registration and meals for two of your company representatives.

**DOOR PRIZE DETAILS

We will be giving away various donated vendor items during our evening reception. If you would like to donate an item that represents your organization, that would be wonderful and gracious of you... not to mention another way to get some exposure and keep excitement in the hall! Past prizes range from products or services related to your company or unrelated popular items like gift cards, electronics, and other items.

EXAMPLES OF PAST EXHIBITORS

Drive Mobility	VGM	AirSep	AcuServe
Attends Healthcare Products	Invacare Corporation	Pride Mobility	Compass Health
Cailor Fleming Insurance	Nestle Nutrition	Zirmed	ACHC
Brightree	Pride	McKesson	Prochant

SAMPLE OF PROVIDER COMPANIES THAT ROUTINELY SEND ATTENDEES

CornerStone Medical Services	DASCO Home Medical Equipment
Home Products Healthcare	St. Rita's Home Medical Equipment
NPL HomeCare, Inc.	Central Ohio Specialty Care
Aultman Home Medical	Medical Service Company
Ohio Health Home Medical Equipment	Hastings at Discount Drug Mart
Seeley Medical	Numotion
Kaup Pharmacy	Health Aid of Ohio
Miller's Rental and Sales	Leading Respiratory
Cincinnati Children's Hospital	Nationwide Children's Hospital

ASSIGNMENT OF SPACE

Full payment is required with the signed *Application/Contract for Exhibit Space and Sponsorship*. Only PAID vendor registrations will be recognized as participants. No exceptions will be made to this rule. Participants will be added to the vendor roster when payments are received, first come first served. The *Application for Exhibit Space and Sponsorship* shall not constitute a contract until OAMES has accepted and acknowledged the application and payment with a confirmation.

On the *Application/Contract for Exhibit Space and Sponsorship*, there is a map of tables. We ask you to please choose your top three table choices. Tables are assigned when payment has been received. Spaces are available on a first come, first served basis. We will make every effort to grant your first choice; however, if your table is taken we will assign your second choice, and so on. We thank you in advance for your cooperation and understanding.

DISPLAY INFORMATION

The exhibit program is limited to a 6' tabletop display with maximum height of 8 feet. Stationary construction of backdrops, display cases or additional display paraphernalia will not be allowed. The price of the table includes two chairs and two complimentary registrations per table. The display area is carpeted. Sufficient lighting is provided for adequate illumination of the exhibit area. There is a \$15 fee for electricity. Exhibitors that require electricity should include that line item in the application area. If you have additional questions, please contact Heidi Moss at OAMES, 614/876-2424 or info@oames.org.

CRITERIA FOR ACCEPTANCE

Permission to exhibit may be granted to firms if their proposed exhibit meets the following criteria:

- Product/service relates specifically to the medical, scientific, educational aspects of the industry;
- Products/services to be displayed are safe when used in accordance with the instructions or recommendations of the applicant;
- Products/services are capable of safely performing in accordance with the claims made by the applicant;
- Products or services to be displayed contribute significantly to the educational goal of the overall program.

Part II: Sponsorship Information

SPONSORSHIP OPPORTUNITIES*

We surveyed our previous exhibitors, and as a result have lowered our sponsor pricing structure. Supporting OAMES has never been more affordable!

- \$75 Website Logo Sponsor**- See your logo in rotation on the header of www.oames.org! This sponsorship provides placement in our rotating partner display that's visible on all pages of the OAMES website. Logos will be active for the entire 4th quarter of the year.
- \$150 Conference Advertiser** - A popular option for anyone who can't attend. Send a promo item to be distributed at the meeting and we'll provide electronic copy of attendee contacts (post-show).
- \$250 Education Underwriter (up to 4 available)** – also includes opportunity to introduce a speaker
- \$300 Oct. 30 Exhibit Hall Dessert Buffet Sponsor**
- \$300 Oct. 29 Breakfast Sponsor**
- \$300 Oct. 30 Breakfast Sponsor**
- \$400 Oct. 29 Lunch Buffet Sponsor**
- \$500 ~~Oct. 30 Lunch Buffet Sponsor in Exhibit Hall~~ **SOLD****
- \$750 Oct. 29 ~~Social Reception Sponsor in Exhibit Hall~~ **SOLD****

Have an idea about other great sponsorship opportunities, or have a different budget number in mind that isn't reflected here? Please contact Heidi Moss at info@oames.org and we'll do our best to work with you towards a solution that's the most beneficial for OAMES and our associate partners!

** All sponsors receive website recognition, signage during their respective event, recognition in the on-site program, member mailing labels prior to the event, electronic copy of attendees' contacts post-conference and recognition in article highlighting conference in post-event eBulletin.*

Host Hotel Information

Our host hotel is the Renaissance Columbus Westerville-Polaris Hotel where our meeting is being held. The property information is listed below.

Renaissance Columbus Westerville-Polaris Hotel

409 Altair Parkway

Westerville, OH 43082

Overnight Dates: October 28 and 29

Call 614-882-6800 and ask for the OAMES Annual Meeting group rate of \$159. Rate is Available until October 11, 2019

Part III: Application / Contract

Please complete the Application / Contract for Exhibit Space and Sponsorship and return it to us by the deadlines outlined. Exhibitors should also return the exhibitor table map with preferences marked.

Upon receipt of your exhibitor contract, we will need **two** things:

- 1) Brief description of your company for the exhibitor directory that will be distributed at the show, and
- 2) High resolution logo (JPG, TIF, or GIF), preferably 300 dpi.

REGISTRATION FEES:

EXHIBITOR FEES:

OAMES Members: \$599.00 or Non-Members: \$849.00 \$ _____

Additional Reps \$ 129.00 X ____ (# of extra reps more than two included with table) \$ _____

Electricity \$15.00 (per table) \$ _____

2019 Conference Sponsor

Name of sponsorship purchased: _____ (if applicable) \$ _____

GRAND TOTAL \$ _____

TO REGISTER:

1) Fax the contract pages with credit card payment to the attention of Heidi Moss, fax number 614-467-2071 (this is the best option to get first priority tables and sponsorship) **OR**

2) Mail contract pages and check payment (made payable to OAMES) to:
OAMES, 500 W. Wilson Bridge Rd., Ste 125, Worthington, OH 43085

Contact Person: _____

(Additional exhibitor participants can be added on following page)

Phone: _____ E-mail: _____

Organization: _____

Address: _____

If paying by credit card...

Card type (*circle one*): VISA / MasterCard / American Express

Name on credit card: (*please print*) _____

Acct #: _____ Exp. Date: _____ CVV Code: _____

Signature: _____ Date: _____

ATTENDEE NAMES AND COMPANY DETAILS *(For Exhibitor Directory listing and name badges.)*

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Primary Rep Name: _____

Title: _____ Email: _____

2nd Rep Name: _____

Title: _____ Email: _____

3rd Rep Name: (additional \$129 required) _____

Title: _____ Email: _____

4th Rep Name: (additional \$129 required) _____

Title: _____ Email: _____

Please provide a brief description (100 words or less) of your organization and service/product to be displayed:

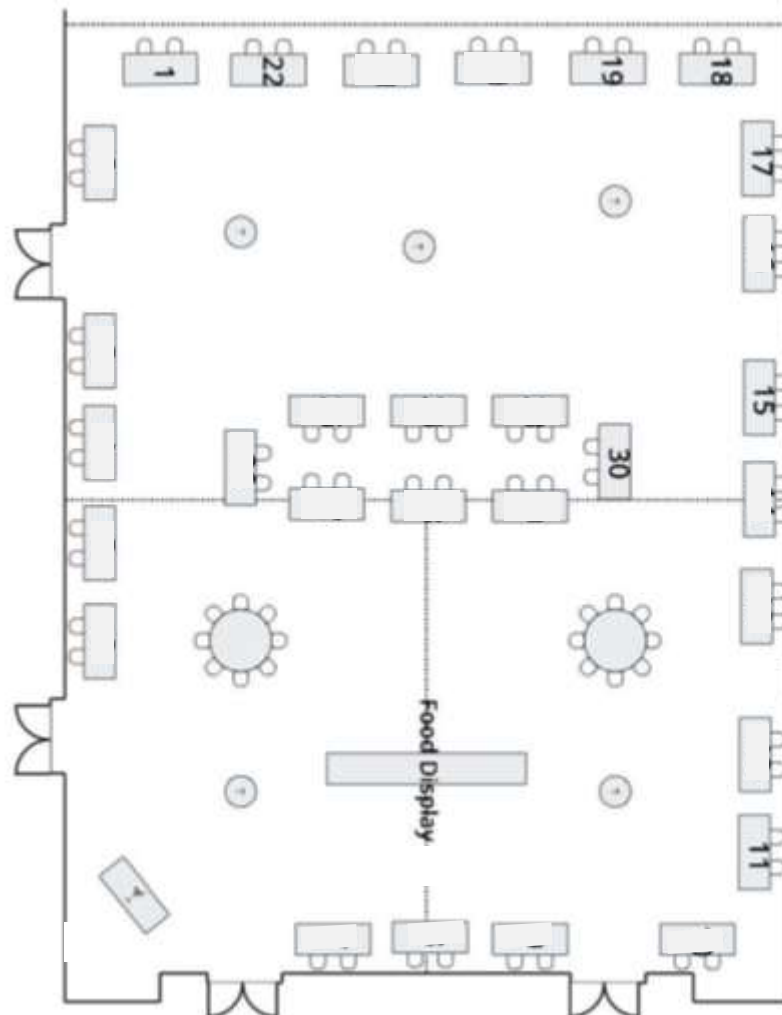
Don't forget! Submit your high resolution logo (JPG, TIF, or GIF), preferably 300 dpi to info@oames.org to ensure the best recognition for your company on conference related materials!

EXHIBIT TABLE SELECTION

In order of preference, please give us your top three choices for exhibit tables, per the exhibitor floor map below. Tables are available on a first come, first served basis. We will try our hardest to give you your first choice, but tables will go fast, typically we sell out each year, so please complete this form and turn it in as quickly as possible with your vendor registration form. **Tables without numbers are no longer available.** This form will be regularly updated online.

First choice: Table # _____ Second choice: Table # _____ Third choice: Table # _____

Please list any competitors that you request to NOT be placed beside: _____



CANCELLATION POLICY

No refund of any deposit or payments will be allowed for voluntary cancellation after October 11, 2019. No-shows will not receive any type of refund. All cancellations will be charged a \$25 administrative processing fee. For any questions regarding exhibits or sponsorship, contact Heidi Moss, either call her 614-652-9925 or send an email to info@oames.org