

2008 Governor's Conference on Aging
May 7 & 8, 2008
Capitol Plaza Hotel/Maner Conference Center, Topeka, Kansas

EXHIBITOR INFORMATION

EXHIBIT CATEGORIES:

- ◆ Staffed:
 - 6-foot table **\$300 if received before April 11, 2008**, \$375 if received after the deadline.
 - Staffed exhibits include **one** complimentary conference registration with meals.
- ◆ Unstaffed:
 - 3-foot table section **\$100 if received before April 11, 2008**, \$175 if received after the deadline.
 - Exhibits may be in the hallway.

EXHIBIT LOCATION: The exhibit area is in the Sunflower Room to provide maximum exposure to all the conference participants throughout the event. When conference participants are not attending one of the general or breakout sessions, they will be encouraged to view the exhibit area. Entertainment may be provided in the Sunflower Room. The exhibit area will be locked each night for security. All sponsors will exhibit in the Sunflower room.

EXHIBIT SPACE AVAILABILITY: The location of individual displays will be determined by the Kansas Department on Aging (KDOA). Staffed booths will be given priority for the exhibit hall. The exhibit fee includes one skirted table or section and one chair. The perimeter walls will be reserved for those needing electricity. An Exhibitor Confirmation packet will be sent approximately two weeks prior to the conference. The packet will include the exhibitor location and other conference information.

Electrical services to your table can be arranged for an additional one-time charge of \$45 for each 110-volt outlet requested. If you need additional space to display your product or services, call Blanche Parks at KDOA to make arrangements.

EXHIBIT TIMES: Registration will start at 7:00 AM on May 7, 2008. **Exhibits will be open from 7:00 AM to 5:00 PM on Wednesday, May 7 and 7:00 AM to 1:30 PM on Thursday, May 8, 2008.**

EXHIBIT SET-UP AND TEAR-DOWN: Exhibitors are solely responsible for set-up and tear-down of their exhibits and for their own display security. Neither the Capitol Plaza Hotel nor KDOA will be responsible for any theft or damage of any exhibitor property. Exhibitors are encouraged to set up Tuesday, May 6, between 3:00 PM and 8:00 PM. Set-up may also be completed between 7:00 AM and 8:00 AM on Wednesday, May 7. Tear-down must be accomplished **no later than 3:00 PM** on Thursday, May 8, 2008.

SALE OF MERCHANDISE BY EXHIBITOR: Subject to the sole discretion of KDOA, an Exhibitor may request permission to sell merchandise (which is educational or information to Kansas seniors) during the conference for an **additional \$50.00**. To seek permission, Exhibitor shall return with this signed agreement a written request for sale. Such request shall include a detailed description of the merchandise intended for sale, including the selling price. If KDOA permits the sale, a written response shall be sent to Exhibitor. Exhibitor agrees that KDOA's decision on this matter is **FINAL**.

FOR MORE INFORMATION:

Please contact Blanche C. Parks at the Kansas Department on Aging, New England Building, 503 S. Kansas Ave., Topeka, KS 66603-3404. Blanche can also be reached by phone (785) 296-0463, by fax (785) 296-0256, or e-mail BlancheParks@aging.state.ks.us.

EXHIBITOR AGREEMENT

A signed Agreement and payment should be mailed to the Kansas Department on Aging (KDOA), Attn: Blanche C. Parks, 503 S. Kansas Avenue, Topeka, KS 66603-3404.

KDOA must receive the Agreement and payment on or before April 11, 2008.

Note: Your name tag is your admittance to meals. Each exhibitor is allowed one complimentary registration. Additional meals may be purchased if more than one person will be staffing the exhibitor space.

Please reserve ___ staffed exhibit space at **\$300 if before 04/11/08** or \$375 thereafter \$ _____

Please reserve ___ additional lunches on 5/7 ___ and 5/8 ___ at \$25 each \$ _____

Please reserve ___ unstaffed exhibit space(s) at **\$100 if before 04/11/08** or \$175 thereafter \$ _____

Electrical services needed? Y / N Number of outlets _____ at \$45 each \$ _____

Additional sale of items ___ \$50.00 \$ _____

TOTAL \$ _____

KDOA Federal EIN: #48-1124839

To Pay by Check: Make check payable to Kansas Department on Aging

To Pay by Credit Card: Visa MasterCard Discover American Express

Amount \$ _____ **Card Number** _____ **Expiration** _____

Name on Credit Card _____ **Signature** _____

(MUST INCLUDE THE EXPIRATION DATE AND SIGNATURE TO PROCESS)

The undersigned exhibitor agrees to release, protect, save, and hold the Kansas Department on Aging and employees thereof (hereinafter collectively called "Indemnitees") forever harmless for any damages or charges imposed for violations of any law or ordinance whether occasioned by the negligence of the exhibitor or those holding under the exhibitor, and further, exhibitor shall at all times protect, indemnify, save and hold harmless the Indemnitees against and from any and all losses, costs (including attorney's fees, damages, liability, or expense) arising from or out of claims by any persons, including the exhibitor, its agents, employees, and business invitees which arise from or out of or by reason of said exhibitor's occupancy and use of the exhibition premises or part thereof.

In addition, and in the event merchandise is permitted to be sold, Exhibitor shall comply with any and all applicable laws relating to such sales, shall further be solely responsible for payment of any applicable sales tax and for the security of merchandise and sales proceeds. Exhibitor further agrees to release and hold harmless the Kansas Department on Aging and the State of Kansas from any and all liability, whatsoever, relating or pertaining to such sales. The sale of any merchandise at the Conference does not constitute an endorsement by the Kansas Department on Aging or the State of Kansas as to the contents, quality or use of such merchandise. Any unauthorized sale of merchandise shall result in the forfeiture of the Exhibit fee, and the immediate removal of the Exhibitor from the conference.

THE EXHIBITOR INFORMATION ON THE BACK OF THIS DOCUMENT IS HEREBY INCORPORATED INTO THIS AGREEMENT BY REFERENCE.

By signing this agreement, Exhibitor acknowledges that it has read the same, and agrees to strictly comply with its terms.

Company/Agency Name	Authorized Representative Name and Title	Signature	
Persons Staffing the Exhibit			
Address	City	State	Zip Code
Telephone	Fax	E-mail Address	