October 11 and 12, 2019  Hyatt Regency Wichita, Wichita, KS

The University of Kansas Medical Center Area Health Education Center is assisting with the organization of this year’s conference as well as providing continuing education credit for health care professionals who attend the conference.

Your support is essential to the success of the Kansas Association of Sleep Professionals. Below are opportunities for you to exhibit, sponsor or contribute at the KASP conference

I would like to:  (check one or more)

**Exhibit**

1. **Exhibit space.** Cost for a table is **$750.00** Includes 6 ft. table and electrical outlet available. Need outlet __yes

**Deadline for receiving payment is October 1 - Registering online only for exhibit space visit - https://www.eeds.com/exhibit/404139**

**Sponsor**

A sponsor is defined as a non-commercial entity that provides either money or in kind services to support an educational activity

Acknowledgement will be made at the conference on a poster and in the conference materials provided to each attendee.

2. **Unrestricted sponsor** to be used for any CE activity expense at the discretion of the accredited provider.

   In the amount of: ____________________

3. **Restricted**, to be used specifically for the following CE activity expenses. In the amount of: ____________________

   ___Speaker Honoraria  ___Speaker Expenses (travel, meals, hotel, etc.) ___Other activity expenses

4. Sponsor will provide In-Kind support  i.e. bags, pens, notepads, etc.)

**Deadline for receiving payment is October 1 and eligible to be listed on poster - Must call our office to pay, 620-235-4040**

**Contributor (Commercial Support)**

Commercial Support is defined as financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CE activity.

Acknowledgement will be made at the conference on a poster and in the conference materials provided to each attendee.

Will be used for the following:

5. **Unrestricted Educational Grant** for the support of the CME activity.

6. **Restricted grant** to reimburse the following expenses:

   ___Speaker Honoraria  ___Speaker Expenses (travel, meals, hotel, etc.) ___Other activity expenses **Deadline for receiving**

   **Contributor Support payment is October 1 and eligible to be listed on poster**

   **Must call our office at 620-235-4040**

Attendees will receive a link to the speakers slide presentations (if speakers agree to post) prior to the conference so they may choose to print in advance and bring a copy with them or refer to the slides at a later time. Slides will be posted 3 months after the conference and then removed.
Checks can be made payable to: KU AHEC, 1501 South Joplin, Shirk Hall, 4th Floor, Pittsburg, Kansas
Or _______________________

Name on card (print) ___________________________ Phone ( ) ___________________________

Email address to which receipt should be sent: __________________________________________

Credit card billing address: __________________________________________________________

***Paid online yes __ no ___ PLEASE PRINT Company

(Acknowledgement will be made at the conference) Representative attending. Complete below-

Name: __________________________________________________________________________
Title/Position: ____________________________________________________________________
Email: ____________________________ Phone ( ) ___________________________
Street ____________________________ FAX ( ) ___________________________
City, State, Zip ____________________________

Conference refreshments are included for the representative.

PRODUCTS/MATERIAL TO BE EXHIBITED: ____________________________
_______________________________________________________________________________
_______________________________________________________________________________

5. Sign here to acknowledge the following statement. We agree to abide all requirements as outlined on this
application and the exhibitor prospectus. Proprietary company representatives may not engage in sales activities
where the educational activity occurs.

Authorized Signature ____________________________ Title __________ Date __________

Print name: _______________________________________________________________________

PROSPECTUS FOR EXHIBITORS
GENERAL CONDUCT

The following practices are prohibited:
1. Use of volatile or flammable fluids, substances, or any materials prohibited by city fire regulations or insurance carriers.
2. Use of noisy electrical or mechanical apparatus interfering with other exhibitors.
3. Canvassing or distributing any material outside the exhibitor's own space.
4. Subleasing exhibit space.
5. Use of billboard advertisement and/or display of signs outside of the exhibit area without prior approval.
6. Failure to comply with fire restrictions; all aisles and exits should be kept clear, clean and free from obstructions.

LIABILITY

It is agreed that the exhibitor will protect, indemnify, save, and hold harmless the University of Kansas and its department of
Continuing Education and Professional Development (KUCE) from damages or charges imposed for violation of any law or
ordinance, whether occasioned by the negligence of the exhibitor or those holding under the exhibitor, and will strictly comply
with the applicable terms regarding the exhibition premises. Further, the exhibitor shall at all times protect, indemnify, save,
and hold harmless KUCE against and from any and all loss, cost, damage, liability, or expenses arising from exhibitor's
occupancy and use of the exhibition premises, or a part thereof, unless caused by the negligence or misconduct of KUCE.

INSURANCE

Exhibitors are urged to take out a portal-to-portal rider, which is available at a nominal cost on their own insurance policy to
protect them against loss through theft, fire, damage, etc.

Please e-mail spryor@kumc.edu if you have concerns or questions or call our office at 620-235-4040.

We look forward to seeing you October 11 and 12, 2019.