

**38th Annual Respiratory Care Seminar
VENDOR BOOTH & SEMINAR REGISTRATION
October 18 and 19, 2018**

Radisson Hotel & Conference Center

1220 1st Ave.
Coralville IA 52241
1-800-230-4134
319-351-5049

Interstate 80 Exit 242
(going north, take the first left)



Room Reservations: Call the Radisson Hotel directly at 319-351-5049 and ask for the UIHC Respiratory Care block by September 21, 2018 to ensure availability and the discounted rate. Room rate is \$96 per night plus local and occupancy taxes.

There will be 20 booths available for the Respiratory Care Seminar in Isaac's Hall and Hall of Fame. ALL booths will be assigned once your check and the attached registration form are received. **Cash or Check must be received PRIOR to setting up in the vendor hall.**

Vendor Information:

- **The Exhibit Hall** (Isaac's Hall and Hall of Fame) will be open on Thursday, October 18, 2018, during the lunch break from **11:30 AM to 1:00 PM**. **Vendor Hall is a one day event**. Access to Exhibit halls for set-up no earlier than 8:00 AM. There will be no compressed air or oxygen tanks supplied. Therefore, you must provide your own gas supply. Electricity is provided upon request.
- **Lunch** for the vendors is included in the booth registration and will be served in the Twelve 01 Kitchen and Tap at approximately 1:30 PM.
- **BOOTH REGISTRATION:** Each Booth - **\$400.00** Includes booth registration (6ft. table) and lunch for 2 Vendors on October 18, 2018.
Any **Additional Vendors** in the Booth are **\$50.00 each**. This price includes lunch for the extra Vendor on October 18, 2018.
No booth refunds after October 1, 2018.
- **SEMINAR REGISTRATION FOR CEUs:** See last page (for registered vendors only)
- If a W-9 (Request for Taxpayer Identification and Certification)
<http://tax.fo.uiowa.edu/files/tax.fo.uiowa.edu/files/The%20University%20of%20Iowa%20W9.pdf>
- **Conflict of Interest/Conflict of Commitment:** To reinforce our commitment to upholding the highest possible ethical standards and to foster greater transparency, University of Iowa Health Care has implemented a revised Conflict of Interest/Conflict of Commitment policy. The policy is available at <http://www.uihealthcare.org/otherservices.aspx?id=21532>
 - "Gift" is defined as any item, product, or service, regardless of the nature, purpose, or value. The term includes, but is not limited to, pens, notepads, post-its, coffee mugs, calendars, refrigerator magnets, and other promotional items; cash; medication or product samples; vouchers or coupons; food and drink.
- **If interested in a game of golf on Wednesday, October 17, 2018, or if you have any questions contact Lu Wilford (luann-wilford@uiowa.edu).**
- **Any questions about registration email frances-cramer@uiowa.edu or call 319-356-3474.**

VENDOR BOOTH REGISTRATION

38th ANNUAL RESPIRATORY CARE SEMINAR

Thursday, October 18, 2018

A. Print your Company Name as you wish it to appear on the booth sign.

B. Electrical Outlets needed (two 110V outlets per booth) (Power needs to be identified or it will not be available) Yes No

C. Names of Vendors attending booth as it will appear on their name tag.

1. _____

e-mail address: _____

2. _____

e-mail address: _____

3. Additional Vendors Names _____

e-mail address: _____

4. Additional Vendors Names _____

e-mail address: _____

D. Number of Vendors attending luncheon _____

E. Type of equipment you plan to display (in general) _____

F. Name, address and phone for further correspondence: (or Business Card) _____

Registration for Booth Only:

Separate checks are required for booth registration and vendor seminar CEU registration. **Payment must accompany registration form and is due no later than October 12th.**

Make check payable to: UI Respiratory Care Seminar. Please label this check for Booth Registration.

CHECK MUST BE MAILED TO

UNIVERSITY OF IOWA
DEPARTMENT OF RESPIRATORY CARE
200 HAWKINS DRIVE
IOWA CITY IA 52242-1009

Refunds:

There is a \$50 handling fee for cancellations received prior to October 1, 2018. No refunds will be made thereafter. Registration is transferable to another person.

VENDOR BOOTH REGISTRATION (please write separate check for this section)

Each booth is a 6-ft. table w/skirting, 2 vendors) _____ x \$400.00 = \$ _____

Additional Vendors _____ x \$50.00 = \$ _____

Booth Registration Total \$ _____

SEMINAR REGISTRATION FOR CEUs (for registered vendors only)

- Thursday \$65 registration for registered vendors. Registration includes tuition and certificate of attendance credit. (Lunch is included in booth fee).
- Friday \$85 registration for all participants. Registration includes tuition certificate of attendance and lunch.
- **Seminar Handouts are going green** and are downloadable at:
<https://www.healthcare.uiowa.edu/training/cuihc500/production/Seminar/Brochure.htm>

UNIVERSITY OF IOWA HOSPITALS & CLINICS
 DEPARTMENT OF RESPIRATORY CARE

38th Annual Respiratory Care Seminar Registered Vendor Seminar Registration October 18 and 19, 2018

Return the completed registration form and registration fee on or before **October 12, 2018**. Fee includes tuition, certificate of attendance fee, downloadable printed material, parking, continental breakfast and luncheon on both days. Lunch for vendors on Thursday is included in the booth registration.

Refunds: There is a \$50 handling fee for cancellations received by October 1, 2018. No refunds will be made thereafter. Registration is transferable to another person.

Registration Information: The University of Iowa requests the following information for the purpose of processing registration and certificate of attendance records. No persons outside the University are routinely provided this information. If you fail to provide the required information, the University may be unable to process your registration and certificate of attendance records

Registration Form for REGISTERED VENDORS ONLY	Please check the day(s) you plan to attend:
<p>Personal Identifier: The UI requests this information for the sole purpose of processing your registration.</p> <p>Birth Month/Day __ __ / __ __ (required) M M D D</p> <p>Last 4 digits of SSN ____ ____ (required)</p>	<p><input type="checkbox"/> Entire Seminar 10/18/ & 10/19/2018 \$130 (\$150 if postmarked after October 1, 2018)</p> <hr/> <p><input type="checkbox"/> Thursday October 18, 2018 \$65 (\$85 if postmarked after October 1, 2018)</p> <hr/> <p><input type="checkbox"/> Friday Only October 19, 2018 \$85 (\$105 if postmarked after October 1, 2018)</p>
<p>Name: _____</p> <p>e-mail: _____</p> <p>Home Address: _____</p> <p>City/State/Zip: _____</p> <p>Credentials (e.g. CRT, RRT, RN) _____</p> <p>IA License No: _____</p> <p>Cell Phone: _____</p> <p>Home Phone: _____</p>	<p>Make check payable to: UI Respiratory Care Seminar</p> <p style="color: red;"><i>(please label this check for seminar registration)</i></p> <p>Mail to: University of Iowa Respiratory Care Seminar 200 Hawkins Drive Iowa City, IA 52242-1009</p>

All seminar information is available at:

<https://www.healthcare.uiowa.edu/training/cuihc500/production/Seminar/Brochure.htm>