

GEORGIA
STATE BOARD OF WORKERS'
COMPENSATION



2009 ANNUAL EDUCATIONAL CONFERENCE

EXHIBITOR & SPONSOR
PACKET

SIGN UP NOW!

Exhibit Alert! Exhibit Alert! Exhibit Alert!

ATTENTION EXHIBITORS

THE GEORGIA STATE BOARD OF WORKERS' COMPENSATION
ANNOUNCES YOUR EXHIBIT OPPORTUNITY

AT OUR

~ **2009 ANNUAL EDUCATIONAL CONFERENCE** ~

SUNDAY, AUGUST 30, 2009 – WEDNESDAY, SEPTEMBER 2, 2009

RENAISSANCE WAVERLY HOTEL

2450 GALLERIA PARKWAY

ATLANTA, GEORGIA 30339

For Hotel Reservations Call 1-800-468-3571 or 770-953-4500

Special Seminar Rate - \$149 Single/Double

Cut-off date for reserving rooms is Friday, July 24, 2009

Discount Code For Hotel Room - GWCGWCA

In order to maximize your networking opportunities, the Exhibitor give-away drawings will be **Wednesday** morning and will be posted during the 10:00 a.m. coffee break. An additional **Grand Prize Drawing** will be held for **Wednesday attendees only** at the end of the conference, 12:30 p.m.

PLEASE NOTE:

- ◆ ONLY 125 EXHIBIT BOOTHS WILL BE SOLD (INCLUDING 41 IN THE CYBER CAFÉ AREA (BALLROOMS 3 & 4)).
- ◆ PLANS ARE TO COMPLETE THE SELL AND ASSIGNMENT OF ALL EXHIBIT BOOTHS AND SPONSORSHIPS BY FRIDAY, APRIL 10, 2009.
- ◆ THE ATTACHED EXHIBITOR PROFILE WILL INCLUDE A 50 WORD DESCRIPTION (PARAGRAPH FORM ONLY) OF YOUR COMPANY'S SERVICES IN EACH ATTENDEE'S PROGRAM.

THEREFORE, COMPLETE YOUR **EXHIBITOR PROFILE SHEET** AND RETURN IT WITH THIS APPLICATION/CONTRACT AND YOUR FEE OF \$1,200.00 (OR \$1,000 IF INSIDE THE CYBER CAFÉ' AREA) **PROMPTLY** TO ENSURE YOUR EXHIBIT SPACE. YOU CAN ALSO REGISTER ONLINE AT WWW.SBWC.GEORGIA.GOV WITH A VISA, MASTERCARD OR AMERICAN EXPRESS CREDIT CARD!

EXHIBIT BOOTHS ARE ASSIGNED ON A **FIRST-COME FIRST-SERVE** BASIS!

This statewide annual event featuring an exhibit area in the beautiful garden court of the Renaissance Waverly Hotel promises to provide maximum exposure for showcasing your products and services to those involved in administering workers' compensation and those who provide services and benefits to injured workers.

APPLICATION/CONTRACT FOR EXHIBIT SPACE

State Board of Workers' Compensation

WE HEREBY MAKE APPLICATION FOR
 _____ EXHIBIT BOOTH(S) AT A RATE OF \$1,200 PER BOOTH (GARDEN COURT AREA)
 OR FOR _____ EXHIBIT BOOTH(S) AT A RATE OF \$1,000.00 (CYBER CAFÉ' AREA).

PLEASE TYPE OR PRINT NEATLY

COMPANY NAME: _____
 STREET/POST OFFICE BOX: _____
 CITY/STATE/ZIP: _____
 TELEPHONE NUMBER: _____ E-MAIL ADDRESS: _____
 NAME OF SIGNER: _____ TITLE: _____

* **Company name as it should appear on the identification sign and in other materials:**

Name: _____
 City & State: _____

* Describe products or services which will be displayed: _____

* Do you need the (1) 500 watt electrical outlet? Yes _____ No _____ Any additional power supply will be at the exhibitor's expense.

* Total fee for exhibit space must accompany this application/contract.

* IF YOU HAVE ADDITIONAL NEEDS, SUCH AS ELECTRICAL OUTLETS, TELEPHONE SERVICES, EXTRA TABLES, ETC., THESE MUST BE ARRANGED DIRECTLY WITH THE EXHIBITOR SERVICE DEPARTMENT AT FREEMAN DECORATING AT (404) 253-6446. PLEASE MENTION THE SHOW NAME, DATE AND LOCATION WHEN CALLING.

PLEASE READ!
RULES AND REGULATIONS

SCHEDULE—Installation of exhibits must begin on Sunday, August 30, 2009 at 1:00 p.m. and must be completed by 4:00 p.m. on Sunday, August 30, 2009. Formal opening of exhibits will be at 6:00 p.m. on Sunday, August 30, 2009. Take down will begin at 11:00 a.m. on Wednesday, September 2, 2009 and must be completed by 1:00 p.m.

CONTRACT FOR SPACE – Space offered on a first-come, first-served basis. The application for space and formal notice of acceptance constitute a contract for the right to use the space assigned. In the event of fire, strikes, or other uncontrollable circumstances, this contract will not be binding. In the event that, for any reason, the conference is not held as proposed, the exhibitor shall receive a refund of any amounts paid on exhibit space, less reasonable deductions for overhead expenses incurred. The State Board of Workers' Compensation reserves the right to cancel any contract with any exhibitor at any time prior to or during the conference, and refund any amounts paid less the amount the space was occupied by such exhibitor.

USE OF SPACE – All demonstrations, interviews, or other activities must be confined to the limits of the exhibit booth. **No exhibitor shall assign, sublet, or share the whole or any part of the space allotted.** Aisles must be kept clear. No noise making devices or public address system shall be allowed. **Only one company name per sign is allowed.**

CARE OF SPACE – Exhibitors shall care for and keep in good order the space occupied by them and surrender such space at the close of the conference in the same condition as it was in when taken over. If the space occupied shall be damaged by the exhibitor or its patrons, the exhibitor shall pay such claims as are necessary to restore the space to its original condition.

INSURANCE – Exhibitors shall furnish their own public liability insurance. Exhibitors wishing to insure their goods must do so at their own expense.

CANCELLATION – Written notice of cancellation must be received **at least 120 days before** the seminar date for a full refund; later cancellations will result in **50%** refund of rental fee.

LIABILITY – The State Board of Workers' Compensation reserves the right to restrict exhibits, which, because of noise, method of operation, or for any other reason become objectionable. This reservation includes persons, things, conduct, printed matter, or anything of a character that may be objectionable to the exhibit as a whole. In the event of such

restrictions or eviction, the State Board of Workers' Compensation is not liable for any refunds or rentals or other exhibition expenses.

BUILDING RULES AND CITY ORDINANCES – The exhibitor agrees to obey all rules of the Renaissance Waverly Hotel which may be in existence or which hereafter may be made, and to abide by the rules and regulations of the Cobb County, Department of Fire and Health and such other departments whose duties embrace regulations of exhibits, etc. The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of exhibitor's activities on the Hotel premises and will indemnify, defend, and hold harmless the Hotel, its owner, and its management company, as well as their respective agents, servants, and employees from any and all such losses, damages, and claims.

FOOD/BEVERAGE ITEMS - The Renaissance Waverly does not allow food/beverage items from outside vendors although they will be more than happy to assist you in providing any items you may need. Please contact Ellen Westrom at the Renaissance Waverly at 770-303-3245 for any questions.

MISCELLANEOUS – The State Board of Workers' Compensation reserves the right for final placement of booths. Circulars or advertising matter of any description may be distributed only within the booth assigned to the exhibitor presenting such material, and not placed in the conference seats or tables. The decision of the State Board of Workers' Compensation must be accepted as final in any dispute between exhibitors or any situation not covered by these rules and regulations.

It is agreed that all rules and regulations are a part of this contract, and no agreement other than those contained herein shall be binding upon the parties unless in writing, signed by a representative of the State Board of Workers' Compensation.

Authorized Signature: _____ Title: _____
Date: _____

Please sign both the original and one duplicate copy and return both to: State Board of Workers' Compensation, Attention: Hilary Williams, 270 Peachtree Street, N.W., Atlanta, GA 30303-1299. A copy will be returned to you for your files upon assignment of space by the Training Unit. Acceptance of this application by the State Board of Workers' Compensation constitutes a contract.

<u>ENCLOSED IS PAYMENT FOR:</u>	<u>\$ Amount Submitted</u>
- <u>Exhibit Space</u> at a cost of \$ 1,200 per booth (Garden Court Area).....	_____
- <u>Exhibit Space</u> at a cost of \$ 1,000 per booth (Cyber Café Area).....	_____

PLEASE TYPE OR PRINT NEATLY

Please provide name for one (1) free seminar registration included in exhibit fee..... 1. _____

Please provide names for up to two (2) additional..... 1. _____
booth attendants (Exhibit Hall Pass Only)..... 2. _____

Please Note: Additional Exhibit Hall Pass Only name tags for extra booth attendants may be purchased at fee of \$25 each – name tags cannot be shared on a daily basis. 1. _____
2. _____
3. _____

TOTAL PAYMENT ENCLOSED..... _____

*If you exhibited in 2008 and would like to have the same booth location please sign here: _____
This is a courtesy as the assignment of all booths is done so on a first come – first serve basis. Your signature **does not guarantee** that you will receive the same booth – **but** if it is available at the time that we receive your contract and payment we will be more than happy to assign you the same booth.

SPECIFY OTHER BOOTH INTERESTS HERE: _____

FOR BOARD USE ONLY: We hereby acknowledge receipt of: \$ _____ Date: _____

Board Representative Signature: _____ Exhibit Booth Number: _____ Check #: _____

INCLUSIVE SPONSORSHIP OPPORTUNITY!!!

Includes Advertising During...

- ❖ Coffee Breakouts
- ❖ Dinner & Dance Banquet
- ❖ Sunday Wine & Cheese Reception
- ❖ Conference Sessions

What You Will Receive...

- ❖ 1 Complimentary registration to conference
- ❖ 1 Complimentary ticket to the Dinner & Dance Banquet
- ❖ Acknowledgement of sponsorship during Dinner & Dance Banquet
Please send one PowerPoint slide about company by Friday, May 8, 2009
- ❖ Pre-Conference and Post-Conference attendee mailing list
- ❖ Sign posted at the breaks with company names
- ❖ Sponsorship badge and ribbon
- ❖ Sponsor Sign in All Conference Rooms

Only \$800.00!
Sponsor Registration Form

Company Name

Contact Person

Telephone Number

Fax Number

Email Address

Address

City

State

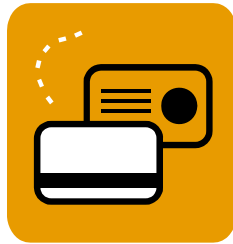
Zip Code

Mail this form to:
Hilary Williams

State Board of Workers' Compensation
270 Peachtree Street, NW Atlanta, GA 30303-1299
Phone 404-656-5656 Email williamsh@sbwc.ga.gov

Check should be written out to SBWC – Training Account or register online at www.sbwc.georgia.gov

RENAISSANCE WAVERLY HOTEL ROOM KEY SPONSORSHIP



Details About The Card Key...

The hotel card key will have a design of your company logo. The hotel room keys will be given to everyone who attends and stays at the Renaissance Waverly Hotel during the Board's Annual Conference. A full-color company logo will be placed on the front side of the key. The back of the key will be designed by the Board. An estimated 600 keys will be printed and issued to individuals during the conference. Every time an attendee opens the door to his hotel room they will be reminded of your company! The measurements of the design space are 2.125" x 3.375".

**PLEASE CALL TO CONFIRM AVAILABILITY BEFORE SUBMITTING PAYMENT!
ONLY ONE COMPANY CAN SPONSOR THE HOTEL ROOM CARD KEY!**

Only \$3,000.00!

Hotel Room Card Key Sponsorship Form

Company Name

Contact Person

Telephone Number

Fax Number

Email Address

Address

City

State

Zip Code

Mail this form to:

Hilary Williams

State Board of Workers' Compensation

270 Peachtree Street, NW Atlanta, GA 30303-1299

Phone 404-656-5656 Email williamsh@sbwc.ga.gov OR register online: www.sbwc.georgia.gov

Check should be written out to SBWC – Training Account

ADVERTISEMENT IN ANNUAL EDUCATIONAL CONFERENCE PROGRAM



Ad Specification Requirements:

- ❖ Acceptable File Formats are: (1) **Adobe Illustrator EPS** (embed all images/outline all fonts), (2) **Photoshop** (all layers flattened in grayscale), (3) **PDF** (vector based)
- ❖ 300 dpi resolution or higher
- ❖ Compress any file over 2 megs using WinZip or Stuffit
- ❖ _____ Full Page – 8 ½ x 11 (+ .125 bleed) - \$600.00
- ❖ _____ Half Page – 5 x 7.5 (horizontal only) - \$300.00
- ❖ Please send via email (to williamsh@sbwc.ga.gov) or on a cd

Deadline to Submit Ads – Friday, May 15, 2009

Company Name _____

Contact Person _____

Telephone Number _____ Fax Number _____

Email Address _____

Address _____

City _____ State _____ Zip Code _____

Mail this form to:
Hilary Williams - SBWC
270 Peachtree Street, NW Atlanta, GA 30303-1299
Phone 404-656-5656 Email williamsh@sbwc.ga.gov OR register online: www.sbwc.georgia.gov
(check should be written out to SBWC – Training Account)