

**EASTERN  
REGIONAL  
OSTEOPATHIC  
CONVENTION  
2010**

**APRIL 8-11, 2010**

**HAUPPAUGE, NY**

**PROSPECTUS**

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## INTRODUCTION

Thank you for your interest in the New York State Osteopathic Medical Society's Eastern Regional Osteopathic Convention (EROC) 2010 CME Convention at the Sheraton Long Island Hotel in Hauppauge, NY, April 8-11, 2010.

EROC is an annual educational program. Organizations may be conference sponsors and/or purchase exhibit space.

This service kit is designed to provide much of the information necessary to plan the logistics of your exhibit space.

Barbara Greenwald will be your primary staff liaison in coordinating on-site logistics. Contact her at [nysoms@nysoms.org](mailto:nysoms@nysoms.org) or direct phone line (516) 686-3958 or NYSOMS office (800) 841-4131.

## EXHIBIT FEES

NYSOMS' minimum exhibit fee is \$1000. (Two spaces are available at a discounted price of \$1700 and three spaces for \$2500.) For a payment of \$1000 your organization is entitled to:

- A tabletop exhibit in the Exhibit Hall adjacent to the CME seminars from
- **Thursday, April 8 to Saturday, April 10, 2010.**
- Your contribution will be acknowledged at major educational and networking events during the EROC Convention.
- Your company's name will be published in the final convention program, website announcement and website program, as well as the NYSOMS newsletter.
- Two company representatives will be registered for the convention and will be given a badge designating them as NYSOMS convention exhibitors. The registration fee for exhibit representatives includes entrance to all educational sessions, continental breakfasts and luncheon provided for exhibitors.

*Tentative*

**EXHIBIT HALL SCHEDULE**

All exhibits MUST be assembled by 10:00 AM Thursday\*

<b>Thursday</b>	6:00 AM	9:00 AM	Exhibit Hall Set-up
<b>April 8</b>	6:00 AM	6:00 PM	Exhibit Hall Registration Open
	7:45 AM	6:00 PM	Exhibit Hall Open
	7:00 AM	6:00 PM	Conference Registration Open
	8:00 AM	12:15 PM	Pre Conference EMR Program
	10:00 AM	10:15 AM	Coffee Break
	12:15 PM	1:00PM	Break (lunch not provided-on own)
	1:00 PM	5:15 PM	Lecture Program
	3:00 PM	3:15 PM	Afternoon Break
<b>Friday</b>	7:30 AM	8:30 AM	Continental Breakfast
<b>April 9</b>	7:00 AM	6:00 PM	Exhibit Hall Open
	7:00 AM	6:00 PM	Conference Registration Open
	8:00 AM	5:30 PM	Lecture Program
	10:00 AM	10:15 AM	Coffee Break
	12:15 PM	1:15 PM	Lunch
	3:30 PM	3:45 PM	Afternoon Break
<b>Saturday</b>	7:30 AM	8:30 AM	Continental Breakfast
<b>April 10</b>	7:00 AM	4:30 PM	Exhibit Hall Open
	7:00 AM	6:00 PM	Conference Registration Open
	8:00 AM	3:30 PM	Lecture Program
	10:00 AM	10:15 AM	Coffee Break
	12:15 PM	1:15 PM	Lunch
	4:00 PM	4:30 PM	Exhibit Hall Breakdown

**\* No exceptions unless arrangements are made in advance.**

## 2010 EXHIBITOR REGISTRATION INFORMATION

### REGISTRATION FEES

Your organization's contribution to the NYSOMS EROC CME Convention entitles you to a copy of the program and entrance to the breakfasts, breaks and lunches on exhibiting days as indicated in the Exhibit Hall schedule.

Please send your check, payable to NYSOMS, along with the attached contract/registration form to:

EROC Exhibits  
NYSOMS at NYIT  
1855 Broadway  
New York, NY 10023-7606

**SUBMIT REGISTRATION CONTRACT BY  
MARCH 30, 2010.**

### STAFFING

Exhibitors must open their exhibit on time and staff the tables at all times during scheduled show hours.

All exhibitors must be registered as a convention participant in order to receive a badge.

### CONVENTION BADGES

A badge must be worn when entering and at all times while in the exhibit hall and at convention events.

### HOTEL RATES

**The Sheraton Long Island Hotel**  
110 Vanderbilt Motor Parkway  
Hauppauge, NY 11788  
**Phone: (631) 233-1100**  
**Fax: (631) 233-1143**

[www.Sheraton.com/LongIsland](http://www.Sheraton.com/LongIsland)

The convention room rate at the Sheraton is \$109 for single or double occupancy, plus applicable state and local taxes.

Please call the hotel at call (888) 627-7144 and mention New York State Osteopathic Medical Society to make your reservation. You must refer to NYS Osteopathic Medical Society to receive the preferred rate. Hotel reservations must be made by **March 24, 2010** for the special convention room rate. After that date, reservations are on a rate and space availability basis.

### No SMOKING

The NYSOMS EROC 2010 CME Convention is designated as a nonsmoking event. Smoking is prohibited in the Association's designated meeting rooms, social functions and exhibit hall.

## 2010 EXHIBITOR SET-UP INFORMATION

### STANDARD TABLE EQUIPMENT

Each tabletop exhibit includes a 6' skirted table and 2 side chairs. The exhibit hall is carpeted.

X-ray equipment and medical lasers may be displayed but not operated.

### ELECTRICAL SERVICE

If your tabletop exhibit requires any electricity, please contact Barbara Greenwald at (516) 686-3958.

### INSTALLATION/DISMANTLING

Exhibitors may set up their tables from 6:00 am – 9:00 am on Thursday April 8, 2010. Please make arrangements with Barbara Greenwald (516) 686-3958 to request later installation.

Exhibits must be dismantled on Saturday, April 10, 2010 by 5:00 pm with no exceptions.

### ASSIGNMENT OF TABLE SPACE

NYSOMS will make every effort to assign exhibitors the table of their choice. However, NYSOMS reserves the right to assign tables in the best interests of the convention. No table will be assigned until a completed registration form is received.

### SHIPPING/MATERIAL HANDLING

Arrangement for transporting goods to and from the hotel and the exhibit hall is the responsibility of the exhibitor. The Sheraton Hotel will accept shipments ***no earlier than April 7, 2010.\****

**\*NOTE: There is a \$3/day/box charge payable to NYSOMS for all boxes stored at the Sheraton Hotel prior to the event.**

Material should be clearly labeled:

**“EXHIBITOR” (Your Name here)  
NYSOMS EROC 2010  
April 8-11, 2010  
Sheraton Hotel  
110 Vanderbilt Motor Parkway  
Hauppauge, NY 11788**

**Mark your name and arrival date.**

Arrangement and payment for transporting goods to and from the exhibit hall, receiving and removal of exhibits are the responsibility of the exhibitor.

### LIABILITY

Exhibitors assume responsibility and liability for losses, damages and claims arising out of injury or damage to exhibitors' displays, equipment, or other property brought upon the premises of the hotel and shall indemnify and hold harmless NYSOMS, the Sheraton Hotel, and any authorized representative of any and all losses, damages, and claims from any cause whatsoever by reason of the use or occupancy of the exhibit space. Exhibitors are advised to carry insurance against loss or damage.

**EXHIBIT SPACE RESERVATION EROC 2010**

*New York State Osteopathic Medical Society, Inc.*

*1855 Broadway, New York 10023-7606*

*(212) 261-1784 phone / (212) 261-1786 fax*

**Federal ID # 15-0583377**

EROC 2010 presented by NYSOMS to be held at the Sheraton Long Island Hotel, Hauppauge, NY April 8-11, 2010. **Exhibit Hall is open April 8-10, 2010.**

Space to be assigned by the Conference Program and Exhibit Chairperson.

Exhibitors agree to abide by the rules and regulations of the conference as set forth in the prospectus which is considered a part of this agreement. Exhibitors agree to accept a change of booth location if it should become necessary for causes beyond the control of the chairperson.

Name of company: \_\_\_\_\_

Products or Services exhibited: \_\_\_\_\_

Number of booth space units: \_\_\_ One (\$1000) or \_\_\_ Two (\$1700) or \_\_\_ Three (\$2500)

Our Payment in the amount of \$ \_\_\_\_\_ is enclosed for Exhibit Hall space.

**Payment Method:** \_\_\_ Check payable to **NYSOMS** or

Charge my: \_\_\_ AMEX \_\_\_ MasterCard \_\_\_ VISA \_\_\_ Discover Card

Name on Credit Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Company Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name and Title: \_\_\_\_\_

\_\_\_\_\_ **(Initial)** We acknowledge that we are responsible for the **additional \$3/box/day for storage of materials that arrive at the hotel prior to April 7, 2010** which will be paid on site.

Our contact person for this booth space is:

**Name/Title:** \_\_\_\_\_

Phone(C): \_\_\_\_\_ Phone (B): \_\_\_\_\_

Email address: \_\_\_\_\_

Representing our company will be:

**Name 1:** \_\_\_\_\_

**Name 2:** \_\_\_\_\_

*Any special services should be requested in writing to:  
EROC Exhibits, NYSOMS at NYIT, 1855 Broadway, New York, NY 10023-7606*

**QUESTIONS CALL (212) 261-1784**

-----**RETURN WITH PAYMENT BEFORE MARCH 30, 2010**-----

**Exhibitor's Evaluation Form**