



**AlterMed Research Foundation**  
**Promoting Integrative Medicine Research & Education!**  
1342 Jayhawk Dr., Suite 200, Ft. Collins, CO 80524

### **AlterMed Exhibitor Agreement for Exhibiting at the cIMc Healing Center**

Colorado Integrative Medicine Conference (cIMc 2016): Focus on Mind-Body Medicine & Lifestyle Management

July 22-24, 2016 (exhibit dates: July 22-24, 2016 - Friday, Saturday, and Sunday)

**Assembly Hall, YMCA of the Rockies, Estes Park, Colorado**

#### **Exhibit Information**

It is agreed and understood that the information in this exhibitor packet is part of a contract between the exhibitor and AlterMed Research Foundation, and that the submission of the application for exhibit space constitutes the exhibitor's agreement to abide by these regulations.

#### **Cost of a 8'x5' exhibit space**

\$995 for the whole weekend, stay however long you desire in the time allotted on July 22, 2016 6pm to 10pm, July 23, 2016 7:30am to 6pm, and July 24, 2016 8am to 4pm)

\$995 to both exhibit at and attend conference (two conference passes included)

#### **Setup and Tear Down time**

July 22, 2016, Friday 1-3pm for setup. Tear down is on July 24 from 4pm to 6pm or otherwise indicated in writing.

#### **What is included with the 8'x5' exhibit space**

A 8' table, table cloth, chairs (2), wastebasket, electricity and wireless internet are all provided and included in the exhibit price. Pipe and drape and additional tables are not available.

**The exhibitors are responsible for shipping, receiving, set-up & tear-down of their own materials for the exhibit.**

#### **Inbound Shipping**

All exhibit materials must be shipped to the following address. Please number and label your boxes.

YMCA of the Rockies  
Estes Park Center  
"Your Rep Name for pickup"  
cIMc Mind-Body Medicine Conference  
2515 Tunnel Road  
Estes Park, CO 80511

#### **Inbound shipping deadline (to arrive at the Y)**

Wednesday, July 20, 2016 (arriving earlier is preferred such as July 18, 2016)

#### **Material Pick Up at the Y**

To pick up your shipped materials at the Y, if you shipped via the US Post Office - please pick up at the Post Office on the Y grounds, phone 970.586.3341 x1124 (July 22nd hours 8:30am to 4:30pm). If you shipped via UPS or Fed Ex, please pick up at the Buildings and Grounds Maintenance Department up the service road across the Long House. Phone 970.586.3341 x 1100. Their hours are 7:30am to 4pm seven days a week. Please allow plenty of time for processing and not wait until closing time.

#### **Outbound Shipping**

Outbound shipping is the responsibility of the exhibiting company. Please have your return shipping tags filled out in advance. Please take shipping items (with tags) to the respective shipping offices - see above for information.

#### **Exhibitor Eligibility Requirements**

For an exhibit application to be accepted by AlterMed Research Foundation, the products and services must be educational in nature and relate to the educational activity content for integrative medicine. AlterMed reserves the right to accept or reject a potential exhibitor based on its assessment of whether the company/organization's products and/or services are relevant to the conference content. All exhibits will be reviewed by AlterMed.

**Exhibit Guidelines**

Detailed exhibit instructions on the exact location at YMCA of the Rockies at Estes Park and time of set-up will be available to the primary contact at a later date.

**Exhibit Space Cancellations (must be done in writing)**

cIMc 2016 Cancellation (post marked) Deadline or email: Prior to May 14, 2016, total amount paid except for \$250 processing fee will be refunded. On or after May 14, no refunds will be granted, with no exceptions.

**Failure to Occupy Space**

Any exhibit space not occupied by the start of the main conference will be forfeited by the exhibitor. This space may be reassigned or used by AlterMed without a refund.

(See next page for cIMc exhibitor application)

**AlterMed Exhibitor Application**

Colorado Integrative Medicine Conference (cIMc 2016): Focus on Mind-Body Medicine  
July 22-24, 2016 (exhibit dates: July 22-24, 2016 Friday through Sunday)  
Assembly Hall, YMCA of the Rockies, Estes Park, Colorado

**Exhibitor Information** - This information will appear in conference publications, please print legibly or type.

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
email \_\_\_\_\_  
web url \_\_\_\_\_  
Facebook Page \_\_\_\_\_

**Primary Contact** - This person will be the primary point of contact and will be sent all information related to your participation.

Contact Person & title \_\_\_\_\_  
Contact person phone \_\_\_\_\_  
Contact person fax \_\_\_\_\_  
Contact person email \_\_\_\_\_

**Vendor Directory**

Please include information about your products, services or about the merchandise to be displayed at the Conference. This information may appear on Conference vendor directory.

\_\_\_\_\_  
\_\_\_\_\_

How many exhibit spaces (each 8'x5' costs \$995) do you need? \_\_\_\_\_

Check one below

\_\_\_ July 22 (3pm-10pm), July 23 (7:30am to 6pm), & July 24 (8am to 4pm) Exhibit Pass (includes 2 conference attendee passes for up to 2 exhibitors) - \$995

**Payment and Confirmation**

Space will be reserved for you once your application to Exhibit is received along with your full payment. Space is limited. A maximum of 2 company representatives are allowed per booth table. Two conference passes will be included for the 2 exhibitors.

Name(print) \_\_\_\_\_ and Name(print) \_\_\_\_\_

**Exhibitor Acceptance**

The undersigned understands and accepts all the terms in the AlterMed's Exhibitor agreement and application and hereby applies for exhibit space. Upon official acceptance of the original application, both the agreement and application documents constitute a contract.

Company name (print) \_\_\_\_\_  
Contact person & title \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

Payment by check \_\_\_\_\_ or Credit Card (Visa or MC only) \_\_\_\_\_

If credit card, Name of Card Holder \_\_\_\_\_  
Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_  
Authorized Charge Amount \_\_\_\_\_  
Signature Authorization \_\_\_\_\_ Today's Date \_\_\_\_\_

**If paying by check, please send your payment and application to AlterMed's address at the top of the page.**

Questions - email [info@AlterMedResearch.org](mailto:info@AlterMedResearch.org), Phone: (970)310-3030, Fax: (970)221-9306  
Please FAX or mail if you are including your credit number on the application as email is not secure. <http://www.AlterMedResearch.org/conferences/> to book lodging and register for additional conference attendees. It will be a productive and fun conference! We look forward to working with you to advance evidence-based holistic medicine education for human wellness!