Exhibitor Details and Policies

*Make a Meaningful Connection at One of the Most Respected Conferences on Hospital Volunteerism*

**Categories**
The exhibitor event showcases hospital-related products in the following categories:
- Apparel/uniforms/logo
- Convenience
- Fundraising
- Gift
- Health & wellness
- Equipment
- Promotional items
- Technology

**Participation**
Exhibitor participation is subject to approval by California Association of Hospitals and Health Systems (CAHHS) Volunteer Services. Participation criteria include:
1. Company website.
2. Products available for online purchase.
3. Willingness and ability to participate as subject matter expert in workshops and activities.
4. “Meet and Greet” customer service approach.
5. View a special pre-conference web session created for registered exhibitors.

**Location**
Hyatt Regency Newport Beach
1107 Jamboree Road
Newport Beach, CA 92660
(949) 729-1234
https://newportbeach.regency.hyatt.com

**Hotel Room Reservations**
- Single and double occupancy rooms are available at a special discounted rate of $164 per night, plus applicable taxes (currently 13% and $.53 per night) and optional $27-$30 plus tax resort fee (golf, bikes or beach kit).
- Additional special discounted rate rooms outside the room block dates (Feb. 19-21) are subject to hotel availability.
- Online reservations: www.calhospital.org/CAHHS-2018-hotel
- To make your room reservations by phone call (800) 554-9288 and use reference name 2018 California Hospital Volunteer Leadership Conference and location Newport Beach.
- Discounted sleeping room deadline is January 26, 2018.
- Hotel check-in time is 4 p.m. and check-out time is Noon.
Table Package
• 1 – 6’x30” draped table
• 2 chairs
• 1 company identification sign
• 2 exhibitor representatives name badges
• Wireless internet access
• Box handling for 2 boxes up to 50 lbs. each (Additional boxes handled by Hyatt Regency staff are subject to a $5 per box fee. A $50 handling fee will apply for all pallets delivered to the hotel.)

Event Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>Monday, February 19</td>
<td>Exhibitor Set-Up</td>
<td>Noon – 2 p.m.</td>
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<tr>
<td></td>
<td>Exhibitor Event</td>
<td>2 p.m. – 5 p.m.</td>
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<td>6:30 p.m. – 7:30 p.m.</td>
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<td>Exhibitor Tear Down</td>
<td>7:30 p.m. – 9:30 p.m.</td>
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Cash and carry is permitted.

Availability
CAHHS assigns tables using the following criteria: sponsor level, order in which full-payment is received, number of tables purchased, location suitability and availability. A total of 25 exhibit tables are available.

Evaluation
A conference exhibitor show evaluation will be available at the end of the conference. A link to the online evaluation will be emailed to the representative listed on your registration form. Please complete the online evaluation by March 31, 2018. Your input is invaluable and guides the development of future CAHHS events.

Conference Program Advertisement Opportunities
Your company name, address, phone and fax numbers, website address, logo and name(s) and email(s) of your on-site exhibitor representative(s) will be listed in the conference program. Based on level, sponsors receive one free advertisement. If you wish to provide further details about your company, advertising space is available in our conference program for an additional fee — half page $200; full page, $300; inside back or inside front cover, $750; and back cover, $1,000. Program advertisement details are available on our conference website at www.calhospital.org/2018-volunteer-conference.

Liability Agreement
It is mutually agreed that the CAHHS and the Hyatt Regency Newport Beach (Hyatt) will not be liable to an exhibitor for the exhibitor’s property or injuries to his person, employees or agents, resulting from any cause. All claims for any such loss, damage or injury are expressly waived by the exhibitor. This agreement shall not constitute or be considered a partnership, employer-employee relationship, joint venture or agency between CAHHS and exhibitor. Exhibitor hereby agrees to defend, indemnify and hold harmless CAHHS and the Hyatt, its owners, managers, directors, officers, agents, employees, subsidiaries and affiliates, from and against any and all claims, demands, costs, expenses (including attorney’s fees), actions and liabilities arising directly or indirectly from any intentional or negligent act or omission by exhibitor or any of its officers, employees or agents. CAHHS reserves the right to prohibit any display or exhibit or any part of a proposed exhibit which it judges not suitable or in accordance with the acceptable professional ethics of CAHHS.
Compliance
The exhibitor assumes responsibility for compliance with all pertinent ordinances, regulations and codes of duty authorized by local, state and federal governing bodies concerning fire, safety and health, together with the rules and regulations of the operators and or owners of the hotel. It is further agreed that the exhibitor will abide by and comply with the rules and regulations concerning local unions having jurisdiction in the hotel or with authorized contractors employed by CAHHS.

Social functions sponsored by exhibitors must not be scheduled during exhibit hours or during the CAHHS programming hours. Any function not approved by CAHHS that would compete for attendees’ time, either during the hours of the exhibit event or CAHHS programming hours, is prohibited.

Fire and Safety
All flammable materials must be flame-proofed before being placed in the exhibit area. All materials and installations are subject to the fire and safety regulations in force by state and/or city fire authorities. Exhibitors must provide certification of flame proofing if requested by show management or the fire department. Volatile or flammable fluids, substances or materials of any nature are prohibited at your table.

Photo Release
Consent to use photographic images and recordings: Registration and attendance at, or participation in, CAHHS meetings and other activities constitutes an agreement by the registrant to CAHHS for use and distribution (both now and in the future) of the registrant or attendee’s image or voice in photographs, videotapes, electronic reproductions, and audiotape of such event and activities.

Americans with Disabilities Act
If you require special accommodations pursuant to the Americans with Disabilities Act, contact CAHHS at (916) 552-7544.
PACKAGE CHARGE AUTHORIZATION

PLEASE NOTE: ALL EXHIBITORS MUST COMPLETE, SIGN AND RETURN THIS FORM BY:
1 week prior to arrival, Monday February 12, 2018

SHIPMENTS RECEIVED BEFORE Main Arrival February 16, 2018 may incur storage fees

Please return completed form to: kraig.margulies@hyatt.com and
cc: leighann.milutinovich@hyatt.com
(949) 729-6068

Please ship Packages to:
Hyatt Regency Newport Beach – Leigh Ann Milutinovich
CAHHS 2018
HOLD on dock for delivery instructions
(Plaza Arbor Event Date Feb 19- 2018)
(FILL OUT ) On-Site Contact Person
1107 Jamboree Road
Newport Beach, CA 92660

GUEST NAME: _________________________________________________________________
CONVENTION NAME: _________________________________________________________________
COMPANY NAME: _________________________________________________________________
ADDRESS:  _________________________________________________________________
TELEPHONE:  _________________________________
ONSITE CONTACT: _________________________________________________________________
EMAIL: _________________________________________________________________
FUNCTION DATES: _________________________________________________

All exhibit boxes and freight are subject to the following handling fees from Hyatt Regency Newport Beach:

All Envelopes $3.00(each way, receiving in and shipment out)
All Boxes $5.00/box (each way, receiving in and shipment out)
All Pallets $50.00 (each way, receiving in and shipment out)

BILLING:
_____Charges billed to room of:___________________________________________________________

Authorized by Name: _________________________________________________________________
Title: __________________________________________________________________________ Date: ____________

Bill my credit card:
Account Number ____________________________ Exp. Date: __________
Name on Card: _________________________________________________________________
Signature: ______________________________________________________________

# Boxes __________ Ship Date: ________________________ Arrival Date:______________________
Carrier: __________________________ *Tracking #:________________________ Weight Of Packages

*If applicable