

Tri-State Health-System Pharmacy Summit



Friday, September 20, 2019

DoubleTree by Hilton Hotel

455 South Broadway Tarrytown, NY

(914) 631-5700

Co-Sponsored by

Connecticut Society of Health-System Pharmacists

New Jersey Society of Health-System Pharmacists

NY State Council of Health-System Pharmacists

Tri-State Health-System Pharmacy Summit

FRIDAY, SEPTEMBER 20, 2019

SCHEDULE

7:15 - 11:00 a.m. Exhibitor Setup
8:15 - 8:25 a.m. Conference Introduction and Welcome
8:30 - 9:30 a.m. Keynote speaker
9:30 - 11 a.m. Panel Presentation
9:00 - 10:30 a.m. Vendor Forum (details to be announced)
11:00 a.m. - 1:00 p.m. Exhibits, Residency Showcase, Lunch
1:10 - 3:45 p.m. Panel Presentations
3:45 - 4:00 p.m. Closing
1:30 p.m. Exhibitor Breakdown (to be completed by 4:00 p.m.)

EXHIBITS

ONLY 40 exhibit spaces are available. Exhibit fee includes:

- Minimum one 30" x 6 foot table and two chairs for two company representatives.
(No exhibit booths provided)
- Recognition in official program and on the Tri-States web sites**

Exhibits: \$1,650 per exhibit space by 4 p.m., August 30th; \$2,000 after August 30th

Additional company representatives: \$150 each by 4 p.m., September 9th; \$200 after September 9th

**To assure inclusion in the program and your exhibit space, signed contracts must be received by August 30, 2019, at 2 p.m.

[CLICK TO REGISTER ONLINE.](#)

HOTEL INFORMATION

[DoubleTree by Hilton Hotel](#)

455 South Broadway
Tarrytown, NY 10591

(914) 631-5700, (800) 474-4260 fax: (914) 631-4125

To make your individual reservation, call 914-631-5700 or [inquire online](#)

ATTIRE

Business Casual

QUESTIONS

Contact the CSHP office: (888) 506-3784 office@cshponline.org

2019 TRI-STATE AGREEMENT FOR EXHIBIT AREA RULES & REGULATIONS

PLEASE REVIEW THIS PAGE CAREFULLY BEFORE FILLING IT OUT & SUBMITTING YOUR REGISTRATION.

SUBMITTING A REGISTRATION INDICATES FULL AGREEMENT WITH THE FOLLOWING:

1. If an exhibitor does not follow the rules and regulations set by CSHP, NJSHP, and NYSCHP (hereafter known as “The Tri-States”) then this agreement may be terminated. In the event of a default by the exhibitor, as set forth in the previous sentence, the exhibitor shall forfeit as liquidated damages the amount paid by the exhibitor for exhibit space, rental, regardless of whether or not “The Tri-States” enter into a further lease of the space involved.
2. Termination of Meeting & Exhibit. Should the premises in which The Tri-State Summit is to be held become, in the sole judgment of The Tri-States, unfit for occupancy, or should the meeting and exhibit be materially interfered with by reason of action of the elements, strike picketing, boycott, embargo, injunction, war, riot, emergency declared by a government agency, or any other act beyond the control of The Tri-States, the agreement for exhibit space may be terminated. The Tri-States will not incur liability for damages sustained by exhibitors as a result of such termination. In the event of such termination, the exhibitors expressly waive such liability and release The Tri-States of and from all claims for damages and agree that The Tri-States shall have no obligations except to refund the exhibitors pro- rated shares of the aggregate amounts received by the Tri-States as rental for exhibit spaces for said exhibits after deducting all costs and expenses in connection with such exhibits, including reasonable reserves for claims, such deduction being hereby specifically agreed to by the exhibitor.
3. Cancellation must be submitted in writing on or before September 6, 2019 at 2:00 p.m. for a full refund less \$150 administrative fee. Cancellations received after 4:00 p.m. on September 6, 2019 will not be refunded.
4. Exhibitors cannot sublet any part of their reserved exhibit space; No exhibitor shall assign, sublet, or share the space allotted with another business or firm.
5. The general rule for exhibitors is “Be a Good Neighbor”. No exhibits will be permitted that interfere with the use of other exhibits or impede access to them or impede the free use of the aisle. Booth personnel, including demonstrators, receptionists, and models are required to confine their activities within the exhibitor’s booth space. Apart from the specific display space for which an exhibiting company has under contract with The Tri-States, no part of the exhibit space and its grounds may be used by any organization other than The Tri-States for display purposed of any kind or nature. Representatives should be attired to maintain the professional and businesslike climate of the conference.
6. Cost for repairing any damages to the exhibit space will be billed to the responsible exhibitor. Nothing can be posted or tacked, nailed, screwed, or otherwise attached to the columns, walls, floors, ceiling, furniture, or other properties of the Hotel.
7. We have reserved Friday, September 20th, 7:15 a.m. – 11:00 a.m. for exhibit installation setup.
8. The dismantling of displays will be directly following the exhibit viewing time, beginning on Friday, September 20th at 1:30 p.m. and completed by 4:00 p.m. After 4 p.m., all exhibit displays or materials left on the tables without instructions will be packed and stored at the discretion of the Tri-States, and all charges will be applied to the exhibitor.
9. Exhibitor’s displays will not be dismantled or packed in preparation of removal or prior to the official closing time of Friday, September 20th, 1:30 p.m.
10. The Tri-States reserve the right to make changes to these rules. Any matters not specifically covered herein are subject to decision by The Tri-States. The Tri-States reserve the right to make such changes, amendments, and additions to these rules as considered advisable for the proper conduct of the exhibit with the provision that all exhibitors will be advised of such changes in writing.
11. Hold Harmless Clause – The exhibitor assumes the entire responsibility and liability for losses, damage, and claims arising out of injury or damage to exhibitor’s displays, equipment and other property brought upon the premises of the hotel and shall indemnify and hold harmless the hotel employees from any and all such losses, damages, and claims except when caused by gross negligence and willful misconduct.
12. The Tri-States may take photographs of attendees, exhibit space, exhibit personnel and other items and individuals within the exhibit area. Acceptance of these rules provides an authorization for the Tri-States to use such photos on its web site, in reports of the meeting and in promotional materials.

2019 TRI-STATE SUMMIT EXHIBITOR REGISTRATION

Please print clearly.

SAVE TIME: [CLICK](#) to register and pay on line using a credit card.

Note: SPACE IS LIMITED TO 40 EXHIBITORS! All exhibit space is reserved on a first-pay, first-reserved basis.

Exhibit setup begins at 7:15 a.m. Exhibits are open from 11:00 a.m. – 1:00 p.m.

Please complete this form with company & contact information exactly as it should appear on signage & in printed materials.

NO. OF SPACES REQUIRED: _____ **X \$1,650 (\$2,000 AFTER 4:00 P.M., AUG. 30TH) = \$** _____

COMPANY _____ **ELECTRIC NEEDED** ____ **YES** ____ **NO**

CONTACT'S NAME & TITLE _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

AREA CODE/TELEPHONE _____ / _____ **EMAIL** _____

EXHIBIT PERSONNEL (AS SHOULD APPEAR ON BADGE) 1. _____ 2. _____

ADDITIONAL COMPANY REPRESENTATIVES (\$150 EACH BY SEPT. 9TH; \$200 EACH AFTER 4:00 P.M., SEPT. 9TH)

PRODUCTS AND SERVICES TO BE EXHIBITED _____

INSTRUCTIONS & PAYMENT (CANCELLATION DEADLINE: SEPTEMBER 6TH, 2:00 P.M.)

1. Complete this form and return it with appropriate payment as soon as possible. Executed letter of agreement must be received by **August 30, 2019, at 2 p.m.**, in order to assure space and to be listed in pre-program publicity. Companies whose agreements are received after August 30, 2019 may not be listed in the official program.
2. Make checks or money orders payable to CSHP EIN 06-1052212
3. Return agreement and payment to:
CSHP c/o The Association Advantage LLC
591 North Ave., Ste. 3-2 Wakefield, MA 01880-1617 fax: 781/245-6487
Questions? (888) 506-3784 office@cshponline.org (Click to [Link to W-9](#))
For your own security, please do not e-mail credit card information. [Register with a credit card on our web site.](#)

EXHIBIT FEE: \$ _____ **ADDITIONAL REPRESENTATIVE (S) FEE: \$** _____ **TOTAL \$** _____

CHECK ENCLOSED ____ **OR CHARGE TO MY CREDIT CARD #** _____

CHECK ONE: ____ **VISA** ____ **MC** ____ **AMEX** **EXP. DATE (MM/YY):** _____ / _____

NAME (AS IT APPEARS ON THE CARD): _____

BILLING ADDRESS (IF DIFFERENT THAN ABOVE) _____

CITY _____ **STATE** _____ **ZIP** _____

SIGNATURE: _____ **DATE:** _____