



43RD ANNUAL MEETING & EXHIBITION
OCTOBER 16-17, 2024
THE GRAND EVENT CENTER • COLUMBUS, OHIO

INVITATION TO EXHIBIT AND SPONSOR

Meet and connect with the most influential group of HME business leaders in Ohio as an exhibitor and/or sponsor at OAMES' 43rd Annual Meeting & Exhibition scheduled October 16-17 at The Grand Event Center in Columbus, Ohio. The annual conference exhibit hall is designed to provide attendees with firsthand information about medical products and services and bring buyers and suppliers of these items together to share a productive networking experience.

The exhibit program is an ESSENTIAL part of the overall educational program for this meeting. Each year, we try to incorporate changes and improvements that reflect member feedback to ensure a great experience for everyone involved. We hope you'll consider the sponsorship opportunities in addition to purchasing an exhibit display. **If you have company promotional items and would like them included in our official packets, or other suggestions of ways to improve the on-site experience, please feel free to contact us in the OAMES office.** Some ideas include:

- Your company lanyards, pens, notepads, sticky pads, hand gel, etc.
- Tote bags, registration packets/folios, etc.
- Gift cards, thumb drives, etc.

The educational goal of this executive event is to give the decision-makers of Ohio's HME companies' technical insight and strategic business analysis into what the future holds for the HME community. As an important partner of this community, we welcome your participation in all aspects of this conference including the education sessions. Watch for a conference schedule later this year. To learn more about OAMES, visit us on the web at www.oames.org.

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CONTACT FOR QUESTIONS REGARDING EXHIBITS AND SPONSORSHIPS

Primary Contact: Victoria Fastenau, Member Services and Operations Coordinator – Cell 614-800-4164;
victoria@selectassociationmanagement.com

Secondary Contact: Heidi Moss, Executive Director – Cell 614-961-9295; heidi@selectassociationmanagement.com

Ohio Association of Medical Equipment Services (OAMES)

P.O. Box 34 **** NEW as of 3/01/2024**

Westerville, Ohio 43086

Office: 740-739-7638

Fax: 614-467-2071

Website: www.oames.org

Part I: Exhibition Information

EXHIBIT & NETWORKING HOURS

Wednesday, October 16

9:30 AM – 12:00 PM	Exhibitor Set-up
12:00 PM – 1:15 PM	Lunch – Exhibits open
2:30 PM – 3:45 PM	Speed networking with exhibitors
6:00 PM –	Off site evening outing

Thursday, October 17

8:00 AM – 8:30 AM	Breakfast
9:30 AM – 10:00 AM	Coffee Break
10:00 AM	Exhibitor tear-down

***NEW THIS YEAR - SPEED NETWORKING**– There will be a speed networking event on Wednesday to allow vendors to have time with all attendees.

Don't forget! We do not require you to be at your booth at all times. We want to encourage you to GO to where the best networking is, whether that be on the exhibit floor, in the general session, or chatting in the hall. Take advantage of this great Ohio audience!

EXHIBIT FEES

- OAMES Associate Member: \$599.00 (Includes registration for two representatives)
- OAMES Non-member: \$899.00
- Additional reps: \$169.00/person

BENEFITS OF EXHIBITING

- Meet face-to-face with OAMES members, establishing contacts and building relationships that would be difficult to achieve with traditional marketing channels. **Anticipated conference attendance: 50-60 executives**
- Your contact information and company description will be provided to all attendees as a part of our conference Exhibitor Directory.
- Acknowledgement of your participation will be highlighted on the OAMES website and published in a post-event eBulletin.
- Complimentary conference registration and meals/breaks for two of your company representatives.

DOOR PRIZE DETAILS

We will be giving away various donated vendor items. If you would like to donate an item that represents your organization, that would be wonderful and gracious of you... not to mention another way to get some exposure and keep excitement in the hall! Past prizes range from products or services related to your company or unrelated popular items like gift cards, electronics, and other items.

ASSIGNMENT OF SPACE

Full payment is required with the signed *Application/Contract for Exhibit Space and Sponsorship*. Only PAID vendor registrations will be recognized as participants. No exceptions will be made. **Participants will be added to the vendor roster when payments are received, first come first served.** The *Application for Exhibit Space and Sponsorship* shall not constitute a contract until OAMES has accepted and acknowledged the application and payment with a confirmation.

On the *Application/Contract for Exhibit Space and Sponsorship*, there is a map of tables. We ask you to please choose your top three table choices. Some tables have already been sold to companies who pre-purchased in their 2024 membership dues package earlier this year. Tables are assigned when payment has been received. Spaces are available on a first come, first served basis. We will make every effort to grant your first choice; however, if your table is taken, we will assign your second choice, and so on. We thank you in advance for your cooperation and understanding.

DISPLAY INFORMATION

The exhibit program is limited to a 6' tabletop display with maximum height of 8 feet. Stationary construction of backdrops, display cases or additional display paraphernalia will not be allowed. The price of the table includes two chairs and two complimentary registrations per table. The display area is carpeted. Sufficient lighting is provided for adequate illumination of the exhibit area. There is a \$20 fee for electricity. Exhibitors that require electricity should include that line item in the application area.

SHIPPING INFORMATION

If you have material you'd like to ship ahead of the event, do not send anything more than 3 business days prior. There will be special instructions and a shipping address provided to you via email closer to the event.

CRITERIA FOR ACCEPTANCE

Permission to exhibit may be granted to firms if their proposed exhibit meets the following criteria:

- Product/service relates specifically to the medical, scientific, educational aspects of the industry;
- Products/services to be displayed are safe when used in accordance with the instructions or recommendations of the applicant;
- Products/services are capable of safely performing in accordance with the claims made by the applicant;
- Products or services to be displayed contribute significantly to the educational goal of the overall program.

Part II: Sponsorship Information

ADVERTISER & SPONSORSHIP OPPORTUNITIES*

- \$175** Conference Advertiser - A popular option for anyone who is NOT attending. Send a promo item to be distributed at the meeting and we'll provide electronic copy of attendee contacts (post-show).
- \$400** Oct. 16 Breakfast Sponsor
- \$350** Oct. 16 Morning Coffee Break Sponsor
- \$500** Oct. 16 Lunch Buffet Sponsor
- \$350** Oct. 16 Afternoon Coffee Break Sponsor
- \$400** Oct. 16 Dessert Sponsor
- \$850** Oct. 16 Speed Networking Social Event Sponsor in Exhibit Hall **SOLD!**
- \$1,500** Oct. 16 Evening After-Party (OAMES is researching off-site location)
- \$400** Oct. 17 Breakfast Sponsor
- \$600** Oct. 17 Lunch Buffet Sponsor
- \$400** Oct. 17 Exhibit Hall Dessert Sponsor

** All sponsors receive website recognition, signage during their respective event, recognition in the on-site program, and recognition in an association article highlighting conference in post-event OAMES eBulletin.*

HOST HOTEL INFORMATION

OAMES host hotel is the Courtyard by Marriott Columbus OSU; located next to The Grand Event Center. The property information is listed below along with instructions for making reservations:

Courtyard by Marriott Columbus OSU

780 Yard Street
Columbus, OH 43212

Overnight Dates: October 15 and 16, 2024

The OAMES room block for the Annual Meeting & Exhibition is now open for the discounted group rate of \$164/night at the hotel. Cut-off date is 9/23/24. Cut and paste this link into your web browser: <https://www.marriott.com/event-reservations/reservation-link.mi?id=1717438286296&key=GRP&app=resvlink>

Part III: Application / Contract for Exhibit Space, Advertiser and Sponsorship

Please complete the Application / Contract for Exhibit Space and Sponsorship and return it to us by the deadlines outlined. Exhibitors should also return the exhibitor table map with preferences marked.

Upon receipt of your exhibitor contract, we will need **two** things:

- 1) Brief description of your company for the exhibitor directory that will be distributed at the show, and
- 2) High resolution logo (JPG, TIF, or GIF), preferably 300 dpi.

REGISTRATION FEES:

EXHIBITOR FEES:

- | | | | |
|---|---|---|----------|
| <input type="checkbox"/> OAMES Member: \$599.00 | or | <input type="checkbox"/> Non-Member: \$899.00 | \$ _____ |
| <input type="checkbox"/> Additional Reps \$ 169.00 X ____ | (# of extra reps more than two included with table) | | \$ _____ |
| <input type="checkbox"/> Electricity \$20.00 (per table) | | | \$ _____ |
| <input type="checkbox"/> Advertiser \$175 – I'm unable to attend but would like to support OAMES by advertising | | | \$ _____ |
| <input type="checkbox"/> 2024 Conference Sponsor (see p. 3) | | | \$ _____ |
| Name of sponsorship purchased: _____ (if applicable) | | | \$ _____ |

GRAND TOTAL \$ _____

TO REGISTER:

1) Fax or scan the contract pages with credit card payment to the attention of Victoria Fastenau, fax number 614-467-2071 *(this is the quickest, best option to get first priority tables and sponsorship) OR*

2) Mail contract pages and check payment (made payable to OAMES) to:
OAMES, P.O. Box 34, Westerville, Ohio 43086 ****New mailing address as of 3/01/2024**

Contact Person: _____
(Additional exhibitor participants can be added on following page)

Phone: _____ E-mail: _____

Organization: _____

Address: _____

If paying by credit card...

Card type *(circle one)*: VISA / MasterCard / American Express

Name on credit card: *(please print)* _____

Acct #: _____ Exp. Date: _____ CVV Code: _____

Billing Address: _____

Signature: _____ Date: _____

ATTENDEE NAMES AND COMPANY DETAILS *(For Exhibitor Directory listing and name badges.)*

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Primary Rep Name: _____

Title: _____ Email: _____

2nd Rep Name: _____

Title: _____ Email: _____

3rd Rep Name: (additional \$149 required) _____

Title: _____ Email: _____

4th Rep Name: (additional \$149 required) _____

Title: _____ Email: _____

Please provide a brief description (100 words or less) of your organization and service/product to be displayed:

Don't forget! Submit your high-resolution logo (JPG, TIF, or GIF), preferably 300 dpi to victoria@selectassociationmanagement.com to ensure the best recognition for your company on conference related materials!

EXHIBIT TABLE SELECTION

In order of preference, please give us your top three choices for exhibit tables, per the exhibitor floor map below. Tables are available on a first-paid, first-served basis. Typically, we sell out each year, so please complete this form and turn it in as quickly as possible.

First choice: Table # _____ Second choice: Table # _____ Third choice: Table # _____

Please list any competitors that you request NOT to be placed beside:

CANCELLATION POLICY

No refund of any payments will be made for cancellation after October 2, 2024. No-shows will not receive any type of refund. All cancellations will be charged a \$25 administrative processing fee.

