



May 1, 2017

Dear Sir,

The North Carolina Association for Hospital Central Service Professionals (NCAHCSP) will hold it's annual seminar on April 18, 19 and 20, 2018, at the Hilton Myrtle Beach Resort in Myrtle Beach, South Carolina. The NCAHCSP is a non-profit organization. This meeting will include an exhibit feature on April 19, directed toward technology, products, supplies and equipment used in routine patient care, either directly prior to or after assembly by Central Service.

A fee of \$475, which will be used to assist in the expense of this seminar, is necessary to exhibit. This fee includes lunch for two the day of the exhibit, additional tickets are available for purchase. Vendor registration fee also includes one individual annual membership for 2018. Exhibitors may also sponsor coffee breaks, speakers, or submit donations toward the expense of this seminar. Donations are greatly appreciated and gratefully acknowledged.

Space requirements will be limited. We will provide a six foot table for each participant, or similar space to accommodate your display. Display space also includes an electrical connection. The exhibit will be open 2 hours, April 19th, 1:30 – 3:30 p.m. with no educational presentation conducted during that time.

I am confident this will be of interest to you and your company. Your participation will be rewarding for company personnel and most certainly for the hospital professionals in attendance. Register by March 1, 2018 and receive a registration fee of \$400. Registrations beyond March 1, 2018 will be at the full rate of \$475.00.

Should there be any further questions concerning this seminar, or if I can be of assistance, please feel free to call.

Sincerely,

Stacie Patterson

Stacie Patterson
Vendor Coordinator
(704) 902-8092
stacie.patterson@va.gov

**REGISTRATION FORM FOR THE
NCAHCSP
VENDOR EXHIBITION**

Hilton Myrtle Beach Resort

Myrtle Beach, South Carolina

April 19, 2018

Mail to: NCAHCSP

c/o Stacie Patterson, RN, CNOR
W. G. (Bill) Hefner VAMC
1601 Brenner Avenue
Salisbury, NC 28144
stacie.patterson@va.gov



Vendor Fee: \$475.00 per booth (\$400.00 if registration is received prior to 3/1/18).

If paying by check:

Please make checks payable to
NCAHCSP and mail to the address above.

If paying by credit card:

Contact Paul Hess, 910-343-2142, with
name on card, card number, expiration
date, cvv number, billing zip code, E-
mail address for receipt.

Name of Company: _____

Address: _____

City: State & Zip: _____

E-Mail Address: _____

(Confirmation will be sent via E-Mail only)

We will need an electrical connection for our booth. Yes No (form follows)

Sales Representative (s) who will attend: _____

Sponsor / Donations: _____

Note: Cancellations less than 30 days prior to the exhibit will be subject to a 50% cancellation fee.

Hilton Resort
10000 Beach Club Drive
Myrtle Beach, SC 29572
Fax completed form to 843-497-0295
Attn: Andrea Sperduto, Event Services
Phone: (843) 692-3114

Kingston Plantation
A Hilton and
Embassy Suites Resort

ELECTRICAL ORDER FORM

NAME:
PHONE:
NAME OF CONFERENCE:
VENDOR NAME:
BOOTH NUMBER:

LOCATION:
SETUP DATE/TIME:
DATE OF CONFERENCE:

IMPORTANT CONDITIONS AND REGULATIONS:

1. Wall, column and permanent building utility outlets are not a part of booth space and are not to be used by exhibitors unless specified otherwise.
2. All equipment, regardless of source of power, must comply with all federal, state and local safety codes.
3. Use of open personal power strips is prohibited.
4. Prices based upon current wage rates and are subject to change without notice.
5. Under no circumstances shall anyone other than "house electrician" make electrical connections.
6. Special equipment requiring company engineers or technicians for assembly, servicing, preparatory work and operation may be executed without "house electrician".
7. All equipment must be properly tagged and wired with complete information as to type of current, voltage, phase, cycle, horsepower, etc.
8. All exposed non-current carrying metal parts of fixed equipment, which are liable to be energized, shall be grounded.
9. Rates quoted for all connections over only the bringing of service to the booth in the most convenient manner and do not include connecting equipment for special wiring.
10. Orders must be received a minimum of fourteen (14) days prior to exhibitor arrival for move in.

PLEASE FILL OUT THE FOLLOWING

Electrical Service Required
110 Volt AC Standard Service

of Outlets
_____ 5 Amps/500 Watts @ \$50.00 ea _____
_____ 20 Amps/2200 Watts @ \$100.00 ea _____
Total _____

NOTE ABOVE: Prices include (1) loaned 25' extension cord. Exhibitors will be charged \$35.00 + tax for unreturned cord.

_____ **Multi Power Outlet Strip @ \$60.00** _____
Includes 1-5 amp power service
_____ **Additional power outlet strips \$10.00 ea.** _____
Total _____

208 Volt AC Single Phase

_____ 50 Amp Service @ \$200.00 ea _____
_____ Band Power Box @ \$250.00 ea _____
Total _____

NOTE: Any direct wiring required will be completed by a certified house electrician at the flat rate of \$85.00/hr. With a 1 hour minimum.

208 Volt AC Three Phase

_____ 50 Amp Service @ \$300.00 ea _____
_____ 100 Amp Service @ \$500.00 ea _____

(three phase available in Palisades Ballroom only)
Total _____

_____ **Banner Hanging @50.00 ea** **Total** _____

NOTE: All electrical services must be submitted to the Hotel (14) fourteen days prior to event. Ensure all information is legible and clearly state the name of the convention/trade show you will be attending. **Any additional charges or electrical requests on site incurred will be accessed at the rate listed above plus 22% service charge.**

SIGNATURE: _____ DATE _____

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10000 Beach Club Drive
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Attn: Andrea Spurduto, Event Services
Phone: (843) 692-3114



Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the Check-In, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged. Do not send completed form by email.

FAX COMPLETED FORM TO: [INSERT FAX #]

ATTN: _____

HOTEL USE ONLY:

Date: _____

Guest / Group Name:		
Check-In / Event Date:		
Name of Person/Group Making Reservation:	Phone:	
Authorized Amount:	Approval Code:	Date:

CARDHOLDER - Please complete the following section and sign/date below.

Cardholder Name as it Appears on Credit Card:		
Cardholder Billing Address:		
City:	State:	Zip:
Daytime /Business Telephone:		Evening Telephone:
Credit Card Number:		Expiration Date:
Credit Card Type: (Circle one)		
<input type="radio"/> Visa/MasterCard	<input type="radio"/> American Express	<input type="radio"/> Discover
	<input type="radio"/> JCB	<input type="radio"/> Diners Club
Credit Card Issuing Bank Name:		Bank Phone Number (from back of your credit card):
I agree to cover the following categories of charges: (Please circle)		
<input type="radio"/> All Charges	<input type="radio"/> Room & Tax	<input type="radio"/> Food & Beverage
		<input type="radio"/> Retail
		<input type="radio"/> Recreation
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____		
DIRECT BILL ACCOUNT PAYMENTS ONLY:		
Name on Invoice/Statement _____		Date on Invoice/Statement _____
Invoice/Statement Number _____		Authorized Amount \$ _____

Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.

Amount to be immediately charged to credit card for room and taxes or deposit: \$ _____

Final Balance Billed to Credit Card (hotel use only): \$ _____

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of check-out or event conclusion.

Cardholder Signature: _____

Date: _____