



2018 EXHIBITOR APPLICATION & AGREEMENT

SECTION 1: Business Information

Organization: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Fax: _____

Email: _____

Website: _____

SECTION 2: Exhibitor Level *(Please fill out exhibitor &/or conference form(s) for each attendee)*

- Exhibitor Level: Champions of Hope Enduring Strength Ageless Spirit
 Guardian Angel Healing Hearts Compassionate Support
 Government Community Partner

Space is subject to availability – we suggest you [email](#) your intent to exhibit to reserve your place until payment and agreement are received.

Send Payment to: UT Health San Antonio
 Attention: Celeste Rodriguez
 7703 Floyd Curl Drive, MSC 7875
 San Antonio, Texas 78229

Questions? Contact:
Melody Moris, Event Coordinator
moris@uthscsa.edu
210-617-5300 ext. 14212

SECTION 3: Exhibitor Agreement

This Exhibitor Agreement (“Agreement”) is entered into by and between the UT Health San Antonio, (hereafter referred to as “UT Health San Antonio”) in order to promote services and distribute information related to Exhibitor’s business or services at the 2018 SAGE Symposium (hereafter referred to as the “Event”).

SPONSORS: This event is sponsored by UT Health San Antonio, South Texas Veterans Healthcare System & the Geriatric Research, Education & Clinical Center (GRECC), collectively the “Sponsors”.



2018 EXHIBITOR APPLICATION & AGREEMENT

SECTION 4: Services

SPONSORS agree to provide one table, up to two chairs, and space for a table display for Exhibitor. Additional set-up requirements such as internet, electrical plugs, etc., must be arranged prior to the Event. The term Exhibitor shall include the Exhibitor, all officers, directors, employees, agents, representatives, or other personnel of Exhibitor.

Sponsors also agree, to recognition of Exhibitor during breaks, advertising in the conference program and complimentary conference registrations to attend all conference activities, according to Exhibitor Level chosen. Promoting the Event & and Senior Health Fair to the Community.

PREMISES: The Event shall be held at La Quinta Inn & Suites, 4431 Horizon Hill Blvd, San Antonio, TX 78229. Exhibit Area(s) and reserved tables shown on the enclosed floor plan are not final until payment and signed agreement are received.

SHIPPING: All materials sent in advance to be held at the Event venue should be sent to the following address: La Quinta Inn & Suites, 4431 Horizon Hill Blvd, San Antonio, TX 78229

Event Coordinator: Melody Moris – **La Quinta Contact:** Raquel Berry Hill.

SECTION 5: Exhibitor Information

Exhibit Set-Up: Set up time for the Event is Wednesday, September 26 - 6:00-7:00 AM

Exhibit Days/Times: Wednesday, September 26 – 7:30 AM-4:30 PM

Thursday, September 27 – 7:30 AM-4:30 PM

Friday, September 28 – 7:30 AM-11:00 AM

Exhibit take-down & move out: Friday, August 25 – after 11:00 AM

Exhibits may only use the sign of the company whose name appears on the face of the Exhibit Application and may include promotional information and free samples of wellness and health products and services offered; however, **sales are not permitted**. No exhibits or advertising allowed beyond the perimeters of the exhibit table. Hands on learning and demonstrations are most effective and highly encouraged – please don't be shy to engage with your audience.

Health Screening: If Exhibitor is a health related entity and will be performing health screenings, needle pricks or any other form of health assessments on the Premises, Exhibitor is required to provide Sponsors with proof of insurance to cover any obligations or liabilities Exhibitor may incur as a result of the Event.

Cancellation: If Exhibitor cancels participation, Exhibitor must provide written notice of cancellation at least 3 weeks prior to the scheduled date. If at least 3 weeks' notice is received, UT Health San Antonio will refund the full fee paid by Exhibitor that Event, less an administrative fee of 10%. If at least 3 weeks' notice is not received, no refund will be made.

Will you need access to an electrical outlet **for your exhibit**? ___ Yes ___ No (**charging stations for electronics are provided**). Exhibitors are responsible for their own power cords/power strips)



2018 EXHIBITOR APPLICATION & AGREEMENT

SECTION 6: Security, Liability, Indemnity, Release & Hold Harmless

Security: The Sponsors shall incur no liability or responsibility for any loss or damage sustained to Exhibitor, Exhibitor’s personnel, or Exhibitor’s property during set up, Exhibitor hours, or at any other time thereafter while Exhibitor is on the premises. The Sponsors shall not be under any obligation to provide security for the Event.

Limitation on Liability: The Sponsors shall not be liable for any damages, whether direct, indirect, incidental or consequential that may arise from a claim under this agreement.

Hold Harmless: Exhibitor agrees to release from liability and hold harmless, UT Health San Antonio, South Texas Veterans Healthcare System & the Geriatric Research, Education & Clinical Center (GRECC) and their representative, members and affiliates (the “indemnified Parties”) from any and all losses, damages to persons, goods or property, claims, expenses, governmental charges of fines, attorney’s fees, costs of responding to, participating in, or attending any legal proceeding as a witness or otherwise, or delay for which they are nor may be potentially liable, whether arising in whole or in part from negligence or other tort, contract, quasi-contract, violation or statute, rule or regulation, or otherwise, while en route to, attending, participating in the Event, participating as an Exhibitor, or leaving the premises. Exhibitor further agrees to fully indemnify the Indemnified Parties for any and all losses that arise or may arise from this agreement.

I have read the forgoing and represent and warrant that I am fully authorized to enter into this Agreement on behalf of Exhibitor. This Agreement shall be executed in multiple originals. A faxed or emailed copy of this original Agreement shall have the same effect and validity and shall be considered a binding original copy as to both parties.

Signature: _____

Printed Name: _____ Date: _____

Company Name: _____

Complete and submit the electronic exhibitor agreement to moris@uthscsa.edu or print, sign and mail to: UT Health San Antonio, Attn: Celeste Rodriguez, 7703 Floyd Curl Drive, MSC 7875, San Antonio, Texas 78229.