

# MISSOURI RURAL HEALTH CONFERENCE

August 17-19, 2021

### LODGE AT OLD KINDERHOOK

678 Old Kinderhook Drive Camdenton, MO 65020

## **AUDIO-VISUAL**

Exhibitors needing additional AV equipment may order through the lodge at their expense. (Booth provided with registration consists of 1-6' Table with 2 chairs-keep this in mind for signage and other needs for your booth space)

#### **SET-UP**

The programmed exhibit area will be set and available for Exhibitors to Pre-Set Booths on Tuesday August 17, 2021 from 1pm. to 7pm. (Expo opens Wednesday, August 18th)

#### **DISMANTLE DATE**

The reserved exhibit space will need to be completely cleared of exhibits, exhibit materials and exhibit equipment by 9pm on Wednesday, August 18,2021.

#### **COMPUTER**

LCD/Data Projector \$150 Laptop Computer \$75 Accessories DVD/CD Player \$75 Tripod Easel \$10 Extension Cords \$4 each HDMI Cable \$75 Banner Service (3M Hooks) \$25 each

#### **ELECTRICAL**

Lighting & Electrical Power \$45 for two 110-volt outlets per booth

#### TO ORDER:

Please complete credit card authorization and e-mail to Raven Foy

rfoy@oldkinderhook.com or call 573-317-4445

Note: Any products containing water, such as pools, fountains, spas, Jacuzzis, aquariums, etc. are not permitted on the exhibit floor.

#### **STORAGE**

Due to the layout of the Hotel, storage space is not available for display materials and/or show merchandise. At the conclusion of the set-up operation, all related equipment, crates, trash etc., must be removed from the premises no later than the last day of the exhibit show period by 9pm Wednesday, August 19, 2020.

Exhibitors shall indemnify, hold harmless and defend Hotel and its servicing agents from all liability (damage or accident) which might ensue from any cause resulting or connected with transportation, placing, removal or display of exhibits. The entire exhibit area is a non-Smoking facility.

#### CREDIT / DEBIT CARD PAYMENT AUTHORIZATION FORM

Sign and complete this form to authorize Old Kinderhook to make debit to your credit card listed below. By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. Please complete the information below: \_\_\_\_\_ authorize Old Kinderhook to charge my credit card for master account charges related to (Full name) Group Sales Agreement Missouri Rural Health: Billing Address \_\_\_\_\_\_ Phone# \_\_\_\_\_ City, State, Zip \_\_\_\_\_ \_\_\_\_ Email \_\_\_\_ MasterCard AMEX Discover Account Type: Visa Cardholder Name Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV2 (3-digit number on back of Visa/MC, 4 digits on front of AMEX) SIGNATURE

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the charges related to the Master Account. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.