

AFFILIATE MEETING SPACE RULES, REGULATIONS AND APPLICATION

If your organization would like to obtain meeting space during ObesityWeek 2014, please review the Rules and Regulations listed below and complete the Meeting Space Application. All requests shall be reviewed and approved on a first-come, first-served basis; meeting space is limited.

RULES AND REGULATIONS:

1. Affiliate functions will be scheduled at the Westin Boston Waterfront Hotel. Meeting space is not available at the Boston Convention and Exhibition Center (BCEC).
2. Meeting space will not be approved at the ObesityWeek official hotels for exhibitors conducting poster, educational presentations, or other scientific program activities. These activities fall under our Corporate Symposia Guidelines and should be submitted utilizing that application, which can be found at <http://obesityweek.com/supporters/sponsor-a-symposium>.
3. Meeting space requests from ObesityWeek exhibitors and sponsors will be charged at the Exhibitor/Sponsor Regular or Late fee, depending on date of receipt; non-Exhibitors/Sponsors may request space at the higher Non-Exhibitor/Sponsor rate. For Regular fees, requests must be received by September 1, 2014. Meeting space requests received between September 2 and October 15, 2014 will be processed at the higher late request fee.
4. Your company may conduct functions involving attendees during the ObesityWeek approved Affiliate event dates/times ONLY. Staff only events do not have to be held during the times listed below.
5. Activities are restricted to the confines of the official hotel event rooms and suites and may not be held in public areas, including but not limited to, hotel lobbies/hallways, and sidewalks adjacent to the hotels or convention center.
6. All charges for services levied by the Westin and/or other venues are solely the responsibility of the Affiliate. ObesityWeek has no responsibility or authority over any charges, including but not limited to: food and beverage minimums, audio-visual pricing, internet charges, electric costs, etc. ObesityWeek will provide Westin contact information in the event acceptance letter. All communication from that point on will be between the Affiliate and the Westin. The Westin may require your company representative to sign a contract.
7. If your company is interested in securing space for an event/function at any other host city venues (not an ObesityWeek hotel) you may contact the venue directly, but must first receive approval from ObesityWeek on the date and time of the proposed event.
8. Your company can provide signage based on the following restrictions: Up to 2 signs maximum, no larger than 22" x 28". Signage may only be placed in the hotel one hour prior to the event function and must be removed within 30 minutes of the conclusion of the meeting. Placement is limited to the entrance of the meeting room or as determined by the hotel. It is your company's responsibility to comply with ObesityWeek's policy as well as the Westin's policy concerning placement of signage.

9. Anyone involved in planning a function must observe the ObesityWeek Rules and Regulations listed above. Affiliates are responsible for ensuring that all company representatives/agents adhere to all the rules and regulations outlined in the Meeting Space Application. Violation of these rules may jeopardize future exhibiting status and/or the ability to hold future functions in conjunction with ObesityWeek.

10. Functions found to be in violation of these guidelines shall be immediately discontinued. Your company waives any rights to claims of damages resulting from the enforcement of these guidelines.

11. You may submit a single room/24-hour hold/up to 2 consecutive-day request on one form at one single fee. If your request is for multiple days (more than 2 consecutive days) and/or multiple functions, with different hours and room sizes, each room request must be submitted separately and will be charged a separate fee.

12. Your company shall protect, indemnify, hold harmless and defend ObesityWeek, its officers, directors, agents, volunteers, subcontractors, employees and/or representatives against all such claims, liabilities, losses, damages, judgments or settlements, including reasonable attorneys' fees and costs and other expenses incurred by the indemnifying party on account of litigation; provided that the foregoing shall not apply to injury, loss or damage caused by or resulting from the negligence of ObesityWeek, its officers, agents or employees.

13. All matters and questions not covered by the above guidelines are subject to the discretion of ObesityWeek. ObesityWeek may amend these guidelines at any time, and all amendments shall be equally binding on all parties. In the event of any amendment or addition to these guidelines, ObesityWeek will give written notice to such parties.

14. Do not contact the Westin Boston Waterfront Hotel directly until ObesityWeek approval has been confirmed to you in writing. ObesityWeek will forward a copy of all approved requests to the Westin Boston Waterfront Hotel.

APPROVED AFFILIATE EVENT DATES/TIMES:

Tuesday, November 4	6:00 am - 8:00 am; 7:00 pm - midnight
Wednesday, November 5	6:00 am - 8:00 am; 7:00 pm - 9:00 pm
Thursday, November 6	6:00 am - 8:00 am; 6:30 pm - midnight
Friday, November 7	6:00 am - 8:30 am; 12:00 noon - 2:00 pm

APPLICATION FEES:

<u>Event Organizer</u>	<u>Regular Fees Until September 1</u>	<u>Late Fees September 2 - October 15</u>
Exhibitor/Sponsor	\$500	\$750
Non-Exhibitor/Sponsor	\$2,500	\$3000
University/Non-Profit Organization	\$100	\$100

CANCELLATION INFORMATION:

If your request is received prior to October 1, 2014 and you cancel within 3 weeks of ObesityWeek's receipt of your request, a refund of 75% of the application fee will be issued. After October 2, 2014, refunds will not be issued for meeting space which has been confirmed. Cancelling an event with the host hotel does not automatically cancel your event with ObesityWeek or entitle you to a refund of fees paid.

AFFILIATE MEETING SPACE APPLICATION

FUNCTION INFORMATION:

Company/Organization Name: _____

Booth #: (if applicable) _____

Contact Name: _____ Email: _____

Phone: _____ Fax: _____

Meeting Date: _____ Start time: _____ End time: _____

Purpose of Meeting: _____

Number of People Expected: _____

ObesityWeek will maintain an internal listing of Affiliate events, to assist attendees in locating events. Please provide the following information for our listing; this list will not be distributed outside of ObesityWeek staff or vendors.

Name of Event: _____

Sponsoring Organization: _____

Onsite Contact: _____

Contact Number for Day of Event: _____

Type of Attendance: Staff Only: Invitation Only: Open to all attendees:
(Check only one)

Set-Up Style:
(Check only one)

Classroom: Theater: Conference: U-Shape:
Hollow Square: Reception: Rounds: Other:

If other, please explain: _____

Additional Needs: Audio-Visual:

Food & Beverage:

(If a separate room is needed for a F&B function in addition to a room for a meeting, a nominal fee will apply.)

Please provide and complete the payment information on the next page.

PLEASE DO NOT WRITE BELOW THIS LINE - OBESITYWEEK ONLY

Date Received: _____ Date Approved: _____ Date Processed: _____

Date Space Assigned: _____ Spaced Assigned at Westin: _____

Date Given to Accounting: _____ Date Processed by Accounting: _____

PAYMENT INFORMATION

Check:

If you will be paying by check (drawn on a US bank and in US dollars), mail the completed and signed application form and payment to:

ObesityWeek, LLC
 P.O. Box 75682
 Baltimore, MD 21275-75682

Credit Card:

If you will be paying by credit card, please email the completed and signed application form to elizabeth.gaston@meetingadvice.com. Credit card payments require a cardholder's signature, company name and billing address.

Type of Card: American Express: MasterCard: Visa: Discover:

Credit Card Number: _____

Exp. (MM/YY): _____ / _____ CCV #: _____

Meeting/Event Name: _____

Name on Credit Card: _____

Company Name: _____

Credit Card Billing Address: _____

City/State/Postal Code: _____

Email Address of Who Should Receive the Receipt: _____

Please indicate fee amount to be charged:
(Check only one)

<u>Event Organizer Type</u>	<u>Regular Fees:</u> <u>Before September 1</u>	<u>Late Fees:</u> <u>After September 1</u>
Exhibitor/Sponsor:	\$500 - <input type="checkbox"/>	\$750 - <input type="checkbox"/>
Non-Exhibitor/Sponsor:	\$2,500 - <input type="checkbox"/>	\$3000 - <input type="checkbox"/>
University/Non-Profit Organization:	\$100 - <input type="checkbox"/>	\$100 - <input type="checkbox"/>

I authorize ObesityWeek to charge the total payment fee indicated on this form to my credit card.

Signature: _____ Date: _____

PLEASE DO NOT WRITE BELOW THIS LINE - OBESITYWEEK ONLY

Date Received: _____ Date Processed: _____ Amount: _____

Transaction #: _____ Entered into Spreadsheet: _____

Comments: _____