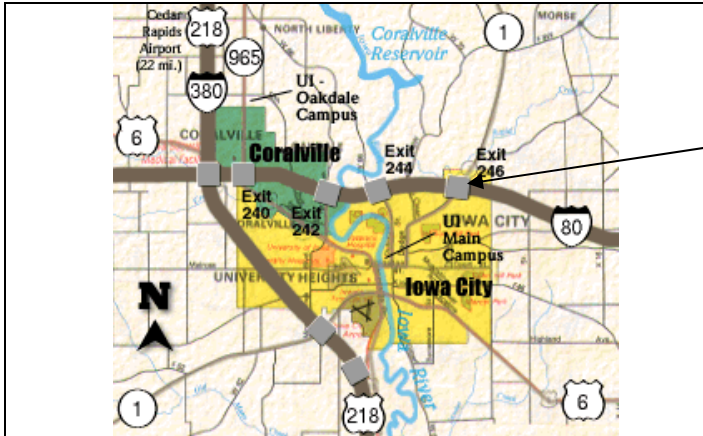


UNIVERSITY OF IOWA HOSPITALS & CLINICS  
DEPARTMENT OF RESPIRATORY CARE

**27th ANNUAL RESPIRATORY CARE SEMINAR**

**VENDOR BOOTH & SEMINAR REGISTRATION**

**OCTOBER 4 AND 5, 2007**



**Quality Inn & Suites  
Highlander Conference Center**

Interstate 80 Exit 246  
2525 North Dodge Street  
Iowa City, Iowa 52445  
(319) 354-2000 354-7506 fax

*Look for the Quality Inn signs at exit 246 North.*

**Hotel Information:** A block of rooms has been reserved at the Quality Inn & Suites, Iowa City, Iowa for the nights of October 3 and 4, 2007. Individuals are responsible for making their own reservations by calling the Quality Inn & Suites at (319) 354-2000. Please indicate that you are attending the "27th Annual Respiratory Care Seminar" to receive the conference rate of \$72.24 plus 13% tax per room (max. of 4 per room). Reservations must be made on or before September 19, 2007. Hotel check-in is 3:00 p.m., check-out is 12:00 p.m. There is no charge for parking.

There will be 25 booths available for the Respiratory Care Seminar in the West Ballroom. ALL booths will be assigned on a first come basis once your check and the attached registration form are received.

**Vendor Information:**

- **The Exhibit Hall (West Ballroom) will be open on Thursday, October 4, 2007, during the lunch break from 11:30 AM to 1:30 PM.** Access to West Ballroom for set-up begins at 7:00 AM. There will be no compressed air or oxygen tanks supplied. Therefore, you must provide your own gas supply.
- **Lunch** for the vendors is included in the booth registration and will be served in the Piper Ballroom West at 1:45 PM.
- **BOOTH REGISTRATION: Each Booth - \$200.00** Includes booth registration and lunch for 2 Vendors on October 4, 2007.  
**Any Additional Vendors in the Booth are \$40.00 each.** This price includes lunch for the extra Vendor on October 4, 2007.  
**No booth refunds after September 8, 2007.**
- **SEMINAR DONATIONS ARE NEEDED FOR:** Breakfasts on October 4 and 5, 2007. Please indicate your donation on the registration form. See Section H-2.
- **SEMINAR REGISTRATION:**
  - Thursday \$45 registration for registered vendors. Registration includes seminar materials and CEU credit. (Lunch is included in booth fee).
  - Friday \$55 registration for all participants. Registration includes seminar materials, CEU credit, and lunch.
  - See Section H-3
- If a **W-9 (Request for Taxpayer Identification and Certification)** is needed please contact Frances Cramer at (319) 356-3474 or e-mail: frances-cramer@uiowa.edu.
- **Contact Mike Minchik if interested in a game of golf on Wednesday, October 3, or if you have any questions at (319) 356-0835.**

**27th ANNUAL RESPIRATORY CARE SEMINAR  
 VENDOR BOOTH & SEMINAR REGISTRATION  
 Thursday, October 4, 2007**

A. Print your Company Name as you wish it to appear on the booth sign.

B. Electrical Outlets needed (two 110V outlets per booth) Yes  No

C. Names of Vendors attending booth as it will appear on name tag.

1. \_\_\_\_\_

e-mail address: \_\_\_\_\_

2. \_\_\_\_\_

e-mail address: \_\_\_\_\_

3. Additional Vendors Names \_\_\_\_\_

e-mail address: \_\_\_\_\_

Additional Vendors Names \_\_\_\_\_

e-mail address: \_\_\_\_\_

D. Number of Vendors attending luncheon \_\_\_\_\_

E. Type of equipment you plan to display (in general) \_\_\_\_\_

F. Please note if you have give away items for a Vendor area drawing. \_\_\_\_\_

G. Name, address and phone for further correspondence: (or Business Card) \_\_\_\_\_

H. **Separate checks** are required for each section (H-1, H-2 and H-3).

**Make checks payable to:** Respiratory Care Seminar 2007. Please label each check for intended use.

**H-1 VENDOR BOOTH REGISTRATION** (please write separate check for this section)

Each booth is a 6-ft. table w/skirting, 2 vendors) \_\_\_\_\_ x \$200.00 = \$ \_\_\_\_\_

Additional Vendors \_\_\_\_\_ x \$40.00 = \$ \_\_\_\_\_

*Booth Registration Total* \$ \_\_\_\_\_

**Make check payable to:** Respiratory Care Seminar 2007. Please label this check for Booth Registration.

Refunds provided only if cancellation is made prior to September 8, 2007

**H-2 SEMINAR DONATIONS** (please write a separate check for this section)

Rolls / Coffee \_\_\_\_\_ \$ \_\_\_\_\_

*Seminar Donations Total* \$ \_\_\_\_\_

**Make check payable to:** Respiratory Care Seminar 2007. Please label this check for Seminar Donation

**H-3 REGISTERED VENDORS SEMINAR REGISTRATION** (please write separate check this sections)

The University of Iowa Hospitals and Clinics  
Department of Respiratory Care  
**27th Annual Respiratory Care Seminar**  
**Thursday, October 4 and Friday October 5, 2007**  
**Highlander Conference Center, Iowa City, IA**

**Seminar Registration for REGISTERED VENDORS ONLY**

Return the completed registration form and registration fee on or before **September 22, 2007**. Fee includes tuition, CEU fee, printed material, parking, continental breakfast and luncheon on both days. Lunch for vendors on Thursday is included in the booth registration. **Refunds:** There is a \$10 handling fee for cancellations received by September 8, 2007. No refunds will be made thereafter. Registration is transferable to another person.

**Registration Information:** The University of Iowa requests the following information for the purpose of processing registration and CEU records. No persons outside the University are routinely provided this information. If you fail to provide the required information, the University may be unable to process your registration and CEU records

Registration Form for REGISTERED VENDORS ONLY	Please check the day(s) you plan to attend:
Personal Identifier No.: ____ - ____ - ____ - ____ <i>(Month and Day of Birth) M M D D (last 4 digits of Social Security Number)</i>	<input type="checkbox"/> <b>Entire Seminar 10/4&amp; 10/5/2007</b> \$90 (\$100 if postmarked by 9/22/07)
Name: _____	<input type="checkbox"/> <b>Thursday Only 10/4/2007</b> \$45 (\$55 if postmarked after 9/22/07)
e-mail: _____	<input type="checkbox"/> <b>Friday Only 10/5/2007</b> \$55 (\$65 if postmarked after 9/22/07)
Home Address: _____	<b>Make check payable to:</b> Respiratory Care Seminar 2007. Please label this check for Seminar Registration.
City/State/Zip: _____	
Employer: _____	
Credentials (e.g. CRT, RRT, RN) _____	
IA License No: _____	
Work Phone: _____	
Home Phone: _____	

**Make all checks payable to: Respiratory Care Seminar 2007**

Please label each check as Booth Registration, Seminar Registration or Donation

**Mail to:** Respiratory Care Seminar 2007  
UI Respiratory Care  
200 Hawkins Drive  
Iowa City, IA 52242-1009

**Questions:** Please contact Mike Minchk at (319) 356-0835

Visit our web site at <http://www.uihealthcare.com/depts/respiratorycare/index.html>