

# **Vendor Prospectus**

**“Pain Society of Oregon Monthly Meetings”**



For More Information  
Call: (541) 345-7300  
Email [info@painsociety.com](mailto:info@painsociety.com)

# EXHIBITOR INFORMATION

The Pain Society of Oregon (PSO) would like to invite you to display at our Monthly Meetings held in Eugene and Portland, Oregon. Meetings sponsored by the PSO are fully accredited, providing continuing medical education credits to physicians, nurses, pharmacists, psychologists, acupuncturists, dentists, naturopathic physicians, chiropractic physicians, physical therapists, occupational therapists, and other allied health care professionals.

At our Monthly Meetings you will have the opportunity to market your business to multi-disciplinary healthcare professionals. Each meeting draws 40-70 attendants per month.

## Exhibiting

Exhibits at our monthly meetings are \$375 per month. Exhibit space is limited to 2 or 3 tables per city per meeting.

Exhibits include a 6' or 8' table depending on location and vendor need, a chair, one complimentary meeting registration including meeting materials, dinner, and a copy of the sign-in sheet sent after the meeting is completed.

## Eugene Meetings

All meetings are held on the third Wednesday of the month from and 6:00-8:30 p.m. Exhibitors must be set up by 6:00 p.m. We do not meet in July or August. Meetings are located at the **Downtown Athletic Club, 999 Willamette Street, Eugene, OR 97401.**

## Portland Meetings

All meetings are held on the third Tuesday of the month from 6:00-8:30 p.m. Exhibitors must be set up by 6:00 p.m. We do not meet in July and August. Meetings are located at the **Red Lion Hotel - Convention Center, 1021 NE Grand Ave, St. Johns Room, 6th Floor, Portland, OR 97205.**

## Electricity

There is limited access to electricity. Please let us know in advance if your table needs power.

## Shipping

Shipping arrangements vary between Eugene and Portland. If you plan to ship items to the monthly meeting venue, please contact us at (541) 345-7300 to make the necessary arrangement. Additional fees may be assessed.

## Contact

If you are interested in exhibiting and have any questions, please contact us at (541) 345-7300 or [info@painsociety.com](mailto:info@painsociety.com). We want your exhibit to be a successful and enjoyable experience.

# Sample Agenda\*

5:30-6:00 p.m.	Vendor Setup
6:00-6:30 p.m.	Vendor Display / Informal Networking
6:30-6:45 p.m.	Pain Society Business
6:45-8:00 p.m.	Educational Presentation
8:00-8:30 p.m.	Vendor Display / Q & A, award CE certificates
8:30-9:00 p.m.	Vendor Breakdown

## To Apply for Exhibit Space

### Please complete the following steps:

- Contact us with any questions at (541) 345-7300 or [info@painsociety.com](mailto:info@painsociety.com)
- Fill out and sign the Table Space Agreement
- Include Payment of Check (payable to the Pain Society of Oregon) or complete Credit Card Payment form
- Make a copy for your records
- Send the completed forms by email [info@painsociety.com](mailto:info@painsociety.com) fax, 800-763-6814, or mail, Pain Society of Oregon, 360 S Garden Way, Suite 101, Eugene OR 97401

Our Tax ID # is: 93-1287233.



## Table Space Request and Agreement for: Vending ♦ Sales ♦ Product Promotion ♦ Sampling ♦ Business Services

This form serves as a table request and legal agreement for vendors, businesses and non-profit organizations that wish to obtain table space from Sacred Heart Medical Center or Pain Society of Oregon.

Table space may be requested for vendor sales, business or organization promotion, sampling, provision of services or product demonstrations.

Name of the Event Pain Society of Oregon Chapter Meeting

Date \_\_\_\_\_

Joint Sponsoring Body Pain Society of Oregon

Contact: Jennifer Wagner or Jet Eccleston

Email: info@painsociety.com Phone#: 541/345-7300

Vendor/Organization/Business Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Email: \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_

Event(s) \_\_\_\_\_ Date of the Event \_\_\_\_\_

Please describe the products/services/organization or items that you wish to show at your table.

\_\_\_\_\_  
\_\_\_\_\_

**By signing below you agree to: Adhere to the following terms:**

**Deadlines and Liability:** The vendor must complete and return this form a minimum of five business days prior to the date(s) requested. An email confirmation with the date(s), time and location of table set-up will be sent to the email listed above. A vending reservation cannot be shared or transferred to another group.

**Tabling Fees.** The daily fee will vary. Advance payment is preferred. If you do not pay for space prior to your event date, you will be asked to pay before you depart the venue.

**Liability & Affiliation:** By signing this contract, individuals or organizations agree that Sacred Heart Medical Center will not be held liable due to any actions, harm or false promises resulting from the quality of products and services provided by the organization, vendor or business. Fraudulently represented products or trademark misrepresentation are federal crimes and SHMC will cooperate in the prosecution of violators.

Organization/Vendor/Business Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Organization/Vendor/Business Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Credit Card Payment Form

- Check (Payable to the Pain Society of Oregon)
- Visa, Mastercard, Discover, AmEx

<b>Type of Card:</b>		<b>Name on Card:</b>	
<b>Credit Card Number:</b>		<b>Expiration Date</b>	<b>CCV*</b>
<b>Billing Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	

\*3 numbers near signature, 4 numbers in front on AmEx

I \_\_\_\_\_, the authorized cardholder of the above credit card, agree to have the Pain Society of Oregon deduct sponsorship fees from my credit card account in the amount of \_\_\_\_\_ . Date \_\_\_\_\_.