

Shared Health Services

# Image 2010

It's Going to be  
**Spooktacular!**



Join us for a  
Howling good time  
October 26-27

*Vendor Brochure*

*Holiday Inn Hotel & Convention Center  
1001 Amber Avenue, Stevens Point, WI*



**SHARED HEALTH SERVICES**  
CORPORATION





# Join us for IMAGE 2010

## IMAGE 2010

It is with great pleasure we are inviting the valued vendor and supplier community to join us for a Spooktacular IMAGE event! We look forward to having you join us on Tuesday, October 26th as an exhibitor and a featured partner to SHSC/Amerinet.

IMAGE provides an opportunity for our members to attend an event that includes education, vendor and member networking, and industry updates all for one low fee. SHSC encourages your participation to meet our membership, to share in the exhibit time, lunch, hospitality, dinner and entertainment, along with a networking breakfast the following morning, Wednesday, October 27th.

Attendees will include, but not be limited to: Dietary/Nutrition, Diagnostic Imaging, Clinical, Environmental Services, Housekeeping/Laundry, Long Term Care, Materials Management, and Plant Engineering.

# It will be... Spooktacular



## LOCATION & ACCOMODATIONS

**Holiday Inn Hotels & Convention Center**  
1001 Amber Avenue  
Stevens Pt., WI 54481  
715.344.0200

A block of guest rooms has been reserved for Monday, October 25th, and Tuesday, October 26th. These rooms are being held under "**Shared Health Services**" until Monday, October 4th. Discounted room rates are: \$99 (single/double); \$109 (triple); \$119 (quad).

### RESERVATIONS

- 1) Guests may call the hotel directly: 715.344.0200
- 2) Guests may call 1.800.HOLIDAY  
For phone reservations, mention "Shared Health Services-IMAGE 2010" to receive the discounted rates. Remember these rates are reserved through Monday, October 4th.
- 3) To register via the Holiday Inn website: <http://www.holidayinn.com>  
Type in "Stevens Point and WI" along with arrival and departure dates in the appropriate fields. Click on appropriate hotel (Convention Center or Express). Follow the prompts, when you reach "Group Code" enter "SHA" and search availability.

# Exhibits Image 2010



## Exhibits

***Please display Amerinet contracted products only!***

**Exhibit set up time is Tuesday, October 26th, 8:00 am - 11:00 am**

At 11:00 am you are invited to join us for an enlightening and motivational presentation given by Dee Morgillo, M.Ed., MT (ASCP), VP of Inquisit (the education division of Amerinet). With more than 25 years of working in health care, Dee is committed to furthering adult education in this field. She is able to make a personal connection with her audience, and knows exactly what messages are most important to this industry today.

**Exhibits will be open from 2:30 pm - 5:00 pm No early tear-downs please!**

Registration includes the following for TWO company representatives:

- 8' x 10' space; 8' table; 2 chairs
- Skirting and drapery provided; please do not change skirting color
- Complete Shared Health Services Corporation membership listing
- Name badges
- Educational opportunities
- Tuesday: keynote, luncheon, hospitality, dinner and entertainment
- Wednesday: networking breakfast buffet

**Electricity, additional tables and/or chairs, carpeting, plants, etc. are available through WI Expo. Please contact Mark or John with WI Expo to reserve.  
For pricing call 414-421-8001.**

## Advance Shipments

Send advance shipments to:

**Holiday Inn  
1001 Amber Avenue  
Stevens Pt., WI 54481  
ATTN: Lori Haessly**

Identify your shipment as "Shared Health Services/IMAGE 2010," including your booth number. UPS makes daily deliveries between 11:00 am and noon. Daily UPS pick-up is between 2:00 pm and 3:30 pm. FedEx is available on an "as needed" basis. Do not ship materials more than one week prior. The hotel is not responsible for packing or supplying any packing material except for blank writable UPS or FedEx mailing labels. All vendors must use their own personal account number or credit card to ship their package(s) out. Any materials left behind without shipping instructions will be discarded three business days after the departure date.

# Registration & Sponsorship



Don't be Afraid to join us!

## Registration

**There will be exhibit space available for the first 70 exhibits reserved with full payment.** To guarantee your exhibit space, do not delay registering. There is an early bird savings of \$50.00 when your registration fee of \$600.00 is received by August 31st. After August 31st, registration will be \$650.00.

**Full payment MUST accompany your registration for your exhibit space to be reserved.** Payment may be made by check to Shared Health Services Corporation, or with MasterCard or Visa. Credit card payments will be assessed a \$20 surcharge.

A confirmation letter, IMAGE 2010 schedule, exhibit layout and your assigned booth number will be emailed to the contact information on the registration form approximately three weeks prior to October 26th. If you have any questions, please contact Wendy Hillertz at 608-554-2008 or e-mail at [image@shsc-gpo.com](mailto:image@shsc-gpo.com).

### Cancellation Policy

A cancellation will be accepted with an 80% refund if the request is received in writing no later than September 30th. After September 30th, no refund will be allowed.

## Sponsorship

IMAGE 2010 sponsors will be recognized in print and with verbal announcements at various events throughout the show. Unable to attend IMAGE 2010? Consider a sponsorship! Your company name will be included in signage, announcements, and the IMAGE 2010 show brochures.

|                        |              |
|------------------------|--------------|
| <b><i>Platinum</i></b> | <b>\$750</b> |
| <b><i>Gold</i></b>     | <b>\$500</b> |
| <b><i>Silver</i></b>   | <b>\$250</b> |



**Shared Health Services appreciates your continued support and commitment to the Amerinet programs and, most importantly, to our members.**

# Schedule of Events



## Tuesday, October 26th

|          |   |          |   |
|----------|---|----------|---|
| 9:30 am  | - | 10:45 am | Member Registration                               |
| 8:00 am  | - | 11:00 am | Vendor Set Up in the Convention Center            |
| 11:00 am | - | 12:00 pm | Dee Morgillo M.ED., MT (ASCP), VP of Inquisit     |
| 12:00 pm | - | 1:00 pm  | Vendor & Member Networking Luncheon/Announcements |
| 1:15 pm  | - | 2:15 pm  | Educational Sessions                              |
| 2:30 pm  | - | 5:00 pm  | Vendor Exhibits                                   |
| 5:00 pm  | - | 5:30 pm  | Vendor Tear-Down (Please NO EARLY TEAR-DOWNS)     |
| 5:30 pm  | - | 6:30 pm  | Hospitality/Awards/Door Prizes                    |
| 6:30 pm  | - | 8:00 pm  | Dinner  |
| 8:00 pm  | - | 10:30 pm | Socializing/Photo Station/Karaoke Music/Dancing   |

## Wednesday, October 27th

|          |   |          |                                       |
|----------|---|----------|---------------------------------------|
| 7:30 am  | - | 8:30 am  | Breakfast Buffet                      |
| 8:45 am  | - | 9:30 am  | Keynote Speaker-Dale Wright, Amerinet |
| 9:45 am  | - | 10:45 pm | Educational Sessions                  |
| 10:50 am | - | 11:50 pm | Educational Sessions                  |
| 11:55 pm | - | 12:55 pm | Educational Sessions                  |



## Fun & Games

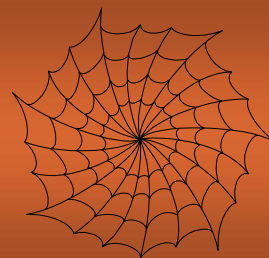
### DOOR PRIZES

We encourage you to donate a door prize. Shared Health Services Corporation (SHSC) will provide you with registration entry forms and the door prize container for the member's participation. Please display your door prize at your exhibit area during the IMAGE 2010 show. SHSC personnel will collect all door prizes and door prize entry containers at the conclusion of the show. SHSC personnel will draw the winning name(s) for your door prize(s) and distribute during hospitality on Tuesday, October 26th, 5:30 pm - 6:30 pm.

You are invited to stay for the evening festivities beginning with hospitality at 5:30 pm, followed by dinner and entertainment.

In conjunction with this year's theme, we encourage all participants to display a "Spooktacular" booth and wear a costume to the evening hospitality and dinner events.

# Registration & Sponsorship



**Return your completed registration with payment to:**

Shared Health Services Corporation  
2635 Hemstock Street  
LaCrosse, WI 54603-2395

EIN#39-1557918

Or e-mail your registration with credit card information to [Image@shsc-gpo.com](mailto:Image@shsc-gpo.com)

| Vendor Name<br>(As you want to appear on sign) | Contact Person | Phone Number | Email Address |
|--|----------------|--------------|---------------|
|  |                |              |               |
| Address  | City           | State        | Zip           |
|  |                |              |               |

**Registration includes two individuals. Please list attendee names (print clearly)**

| Name & Email Address | Name & Email Address |
|----------------------|----------------------|
| 1.                   | 2.                   |

**Additional attendees are welcome at a cost of \$75 each. Please list additional attendees below:**

| Name & Email Address | Name & Email Address |
|----------------------|----------------------|
| 3.                   | 4.                   |

|  |  |
|--|--|
| <b>Early Bird Pricing—\$600</b><br>Until August 31, 2010 | <b>Regular Fee—\$650</b><br>September 1—October 15, 2010 |
|--|--|

\_\_\_\_\_ Booth(s) @ \$600 (payment must be received by August 31, 2010) \$ \_\_\_\_\_

\_\_\_\_\_ Booth(s) @ \$650 (payment must be received by October 15, 2010) \$ \_\_\_\_\_

\_\_\_\_\_ Additional Attendee Registration (\$75 each) \$ \_\_\_\_\_

**\*\*Payment must accompany registration form\*\*      Total Due \$ \_\_\_\_\_**

Cancellation Policy: No Refunds will be allowed after September 30th

|   |   |
|---|---|
| <input type="checkbox"/> <b>Credit Card Payment</b><br>Mastercard & Visa Only<br>\$20.00 Surcharge will be assessed | Add Surcharge of \$20.00 \$ _____<br><br>Total paid by credit card \$ _____ |
| Name on Credit Card: _____<br><br>Zip Code: _____   | Credit Card Number: _____<br><br>Expiration Date: _____                     |

|   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> <b>CHECK PAYMENT</b> CK# _____ | <b>TOTAL PAID BY CHECK</b> _____ |
|---|----------------------------------|

**Please indicate the number of people that will be attending:**

\_\_\_\_\_ Lunch Buffet on Tuesday, October 26, 2010

\_\_\_\_\_ Dinner on Tuesday, October 26, 2010

\_\_\_\_\_ Breakfast Buffet on Wednesday, October 27, 2010

**Special Needs:** Please indicate any dietary restrictions or if you will need special accommodations:

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