

**World of Health IT Interoperability Showcase:  
22 - 25 October 2007 Austria Centre, Vienna**

# **Vendor Demonstration Application**

**Fax completed applications to +1.312.915.9209**

## **I. Company/Organization Information**

Provide company/organization information as it should appear in the World of Health IT Interoperability Showcase promotional materials:

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

URL: \_\_\_\_\_

## **II. Contact Information**

List the primary contacts who should receive information regarding the promotion, administrative and technical aspects of the Showcase and demonstration:

Marketing/Administrative Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Technical Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_



### III. Describe Your Software Application (Implementer and Leadership Level Only)

1. Please identify the primary focus area(s) for your products/systems that will be featured in the Showcase and Demonstration:

Multiple Enterprises:    \_\_\_ Infrastructure       \_\_\_ EHR/EMR       \_\_\_ PHR

Single Enterprise:       \_\_\_ Cardiology       \_\_\_ Radiology       \_\_\_ Laboratory    \_\_\_ HIS

2. Attendance and testing of your products at the IHE Connectathon is required for participation in the Interoperability Showcase. Your product development staff is also required to enter the technical specifications (IHE integration profiles and actors) on the IHE Connectathon Application for the products/systems that you would like included in the World of Health IT Interoperability Showcase Demonstration.

3. System Description: **Please identify EACH system that you will demonstrate in the HIMSS Interoperability Showcase and provide a brief description of what your system does:**

System Name (as used in the Connectathon Registration Tool - Web Application)	Description of the System	Company Product Name of Application

### IV. Terms of Participation

HIMSS and its World of Health IT partners agree to support the exhibition process with necessary facilities and staff and to publicize the Interoperability Showcase demonstration, events and participants through communications and marketing the World of Health IT 22-25 October 2007, Vienna Centre, Austria. In turn, participating companies are required to adhere to the following rules of participation:

#### 1. General

- a. Prospective participants will take direction from the IHE Technical Project Manager and Interoperability Showcase Planning Committee as necessary and appropriate in the testing and exhibition process.
- b. Participants failing, in the judgment of the Interoperability Showcase Planning Committee, to promptly correct any violation of the Terms of Participation or failing to comply with directives from the IHE Technical Project Manager and Interoperability Showcase Planning Committee will be excluded from further participation in the demonstration process, without any refund of application fees.

#### 2. Application, Fees and Entitlements

- a. **Application:** Prospective participants must submit a signed application for the Interoperability Showcase by 15 July 2007. The applications must include:
  - The number of technical software applications and the composition (IHE Actors and Integration Profiles) of each software application/system to be demonstrated.
  - A non-refundable payment, required at the time of application submissions.
  - Names and contact information of marketing and technical representatives. These representatives will be responsible for establishing communication with all parties needing to be informed about Interoperability Showcase deadlines, events, policies and other key information.
- b. **Fees:** The fees for participation are due at the time of application (no later than 15 July 2007). Any participant failing to remit the final payment will not be included in the publications and promotional materials associated with the Interoperability Showcase.

### c. Entitlements:

- **Exhibition and Promotional Effort:** Each participating company/organization will be listed in the promotional materials produced for the Interoperability Showcase. This information will be provided to attendees of the World of Health IT via printed documents, signage, multimedia presentations and the Web site.
  - Some of these materials will remain available throughout the 2007 calendar year (approximately) and may be distributed at gatherings sponsored by other relevant medical professional associations.
  - Relevant details of each company's successful participation, including all IHE Actors and Integration profiles successfully tested will be highlighted in these promotional materials.
  - All marketing materials of participating or sponsoring companies referring to IHE or incorporating IHE logos require prior review and approval by HIMSS.
- **Supporter Level**
  - Logo on marketing materials, exhibit floor graphics, conference resource guide, pocket guide and Web site
  - Recognition on flyer distributed in the Showcase.
- **Implementer Level** – Benefits include Supporter level benefits plus:
  - Full participation in the Interoperability Demonstration
  - Two complimentary exhibitor passes
  - Commitment to meet IHE requirements, test your products at the IHE Connectathon (required).
- **Leadership Level** – Benefits include Supporter and Implementer level plus:
  - Speaking opportunity in the Showcase Theater (presentations must be submitted for review by HIMSS)
  - One complimentary conference registration
  - Two complimentary exhibitor passes
  - Featured workstation for VIP/Focused Showcase tour(s)
  - Participate in planning the Interoperability Showcase

### 3. Participant Requirements

#### a. Interoperability Showcase participants are required to:

- Successfully demonstrate interoperability with designated partners in a number of test configurations at the Virtual IHE Europe Connectathon.
  - Submit success logs for each IHE actor to be tested, using test tools provided by the Technical Project Manager, to verify that their software supports the transactions defined by IHE. These data will be generated during the virtual connectathon conducted by the prospective participant using the IHE Test Simulators, Test Plan and Test Data Set. They must be submitted no later than 15 October 2007. Failure to submit these data may disqualify an applicant from participating in the Interoperability Showcase. There will be no refund of the Showcase participation fee to organizations thus disqualified.
- b. Interoperability Showcase participants will be required to send at least one representative to the World of Health IT to support each system and are required to:
- Submit company/organization logo in .eps format to HIMSS by 15 August 2007.
  - Arrive by and be ready to test your software application(s) at the final staging by 3:00 PM on Sunday, 21 October 2007.
  - Ship equipment to and from the exhibition and back to their home office at their own expense.
  - Limit discussions at the Interoperability Showcase to interoperability. While the demonstration cannot proceed without discussing the products, all such discussion should be focused on interoperability, the use of standards and the use of profiles.
  - Refrain from company-specific marketing in the Interoperability Showcase demonstration exhibit area. Participants may not invite clients or prospective clients to view their products at the booth, invite reporters or other press representatives to the booth for product-specific discussions.
- c. Participants agree that supporting information developed for use within the Interoperability Showcase, including but not limited to specifications, test data and marketing materials are the copyrighted property of IHE and HIMSS. In the spirit of collaboration and in keeping with copyright law, no participant may lay claim to the information created for any information used in the Interoperability Showcase without written consent from IHE and HIMSS.
- d. Participants failing, in the judgment of HIMSS, to successfully demonstrate interoperability at or following the Connectathon and in any additional interoperability testing deemed necessary may be excluded from the World of Health IT Interoperability Showcase. There will be no refund of the application fee to organizations thus disqualified.
- e. Final confirmation of participation and payment of the appropriate fees are due **15 July 2007**. Final confirmation of participation indicates approval to be listed as an Interoperability Showcase participant in all relevant documents and communications published for the Interoperability Showcase at the 22-25 October World of Health IT.

## V. Specify Level of Involvement

My company/organization's involvement is specified below (check appropriate boxes):

	<input type="checkbox"/> Interoperability Showcase	Total
<b>Supporter</b>	€500	
<b>Implementer</b>	€1,500	
<b>Leadership</b>	€3,000	

Attendance and testing of your products at the IHE Connectathon is required for participation in the Interoperability Showcase.

## Signature and Remittance

Applicants agree to abide by the Terms of Participation of this application, which are made part of this application by reference and are fully incorporated herein. The undersigned is empowered to enter into agreements on behalf of the applicant company/organization. This is not a binding agreement until signed by HIMSS.

### Agreed to:

\_\_\_\_\_  
Signature of authorized representative Date

### Accepted by:

\_\_\_\_\_  
Healthcare Information and Management Systems Society Date

### METHOD OF PAYMENT

Check – make payable to "HIMSS"  
Credit Card    Visa    MasterCard  
                          AMEX    Discover

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expires

\_\_\_\_\_  
Name on card

\_\_\_\_\_  
Signature

**FAX: +1.312.915.9209, Attn: Finance,  
HIMSS Federal Tax ID# is 36-3906745**

**Remit this application with full payment for delivery  
before 15 July 2007:**

**Please direct wire transfers to World of Health IT:**

**Pay to: J.P. Morgan AG, Frankfurt,(CHASDEFX)**

**For the account of:**

**JPMorgan Chase Bank, London (CHASGB2L)**

**account number 6231400604**

**For further credit to: HIMSS, account no. 32286301**

**EUR IBAN # GB22CHAS6092432286301**

**Please direct checks:**

**HIMSS**

**PO Box 6462**

**C/O JPMorgan Chase Bank, N.A.**

**Bournemouth**

**BH1 9FH**

*HIMSS regularly sends e-mails describing its products and services. By signing and returning this form, you agree to allow HIMSS to send these promotional e-mails to you. You will have the opportunity to opt out of the e-mail list if you choose.*