

ISCG WORLD CONGRESS 2022

*Super
Stars*



AMSPA - MEDICAL SPA SHOW

THE WYNN - BOOTH 14

Thursday, January 27

Exhibitor move-in: Noon - 9pm

Friday, January 28

Exhibitor move-in: 8am - 10am

SHOW HOURS: 11am - 6:30pm

80's NIGHT PARTY BY AMSPA

Saturday, January 29

SHOW HOURS: 11am - 6:30pm

Presentation from 10:10am - 10:35am

Exhibitor move-out: 6:30 - 9pm

Sunday, January 30

Exhibitor move-out: 8am - Noon

TO DO LIST

TEAM RESPONSIBILITY

TASKS	TRADESHOW NETWORK	SALES	MARKETING
LEON - MODEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STAFF UNIFORMS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 X 20 DISPLAY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABSTRACTS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
BOOTH DRIVERS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MESSAGE TABLE/ WHITE SHEET	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
BROCHURES	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MASKS / SANITIZER	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
BUSINESS CARDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DANCE FLOOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RENTED BAR TABLE AND STOOLS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

MIRSA WILL BE THE ONSITE EON TEAM MEMBER

TRADESHOW NETWORK WILL SET UP AND TEAR DOWN THE BOOTH.

OUR TRADESHOW CONTACT IS : JAKE LUCAS HIS CELL PHONE 702-491-7685

AN **EXTRA MESSAGE TABLE** WAS SENT TO THE WYNN WAREHOUSE FOR THE EON EXPERIENCE ROOM IT SHOULD BE DELIVERED TO OUR BOOTH. MIRSA WILL HAVE THE SHEETS AND PILLOW FOR THAT ROOM.

BANNERS WERE SENT TO THE FEDEX AT **FEDEX OFFICE PRINT & SHIP CENTER**

RESORTS WORLD LAS VEGAS - 3000 LAS VEGAS BLVD S, LAS VEGAS, NEVADA 89109.

THIS IS ACROSS THE STREET FROM THE WYNN.

HOTEL

Wynn Las Vegas
3131 S Las Vegas Blvd
Las Vegas, NV 89109

TEAM HOTEL CONFIRMATIONS

Calee Confirmation #VSUTH7QO

Mirsa Confirmation # GSX3PIEU

Chris Confirmation # 2UJS12I8

Ahmed Confirmation #ORDQ9XX9

TEAM ARRIVAL

**Everyone arrives on Thursday.
Calee arrives on Friday.**

CONVENTION LOCATION

THE WYNN CONVENTION CENTER

WIFI will be complimentary.

VENDOR CONTACTS



Sales Manager

Cassandra Westerman

312.638.1268

cassandra@americanmedspa.org

Shipper for Booth

HNM Global

Wayfair Bill TO VEGAS attached

Electric

Edlen Electrical Exhibition Services

BOOTH ELECTRIC

702.385.6911

JOHANN LANDINGER

Electric in Epernay 1

(702) 770-2858

johann.landinger@wynnlasvegas.com

Eon Experience Catering

STACEY CVIJANOVICH

Senior Catering Manager

WYNN LAS VEGAS AND ENCORE

3131 Las Vegas Blvd. S., Las Vegas, NV 89109

tel (702) 770-4752 cell (702) 416-1816

Stacey.Cvijanovich@wynnlasvegas.com

Lead Retrieval

You must pick up your lead retrieval
equipment from the Lead Retrieval Service

Desk located at the show

leads@goeshow.com

Event labor

**TRADESHOW NETWORK
BOOTH 513**

Jake Lucas his cell phone 702-491-7685

FREEMAN

EON EXPERIENCE ROOM

Pre-Event Checklist



Badge Info

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Presentations

<input type="checkbox"/>	Sponsored Class _____
<input type="checkbox"/>	EON: Robotic Innovation _____
<input type="checkbox"/>	Advancing the Body Contouring _____
<input type="checkbox"/>	Industry _____
<input type="checkbox"/>	Class is Saturday _____
<input type="checkbox"/>	10:10 AM _____
<input type="checkbox"/>	Chris and Ahmed _____
<input type="checkbox"/>	_____

Demo Appts / Dr Dinner

<input type="checkbox"/>	The Medical Spa Show Totally 80s Bash _____
<input type="checkbox"/>	Friday, January 28, 7:30 PM - 10:30 PM _____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Additional Info

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____



HNM Enterprises LLC, DBA

1902 Cypress Lake Drive
Suite 150
Orlando, FL 32837
Tel: 407-472-7575
Fax: 407-472-8955FMC Lic. 023802NF
CBP Lic. 28976

WAYBILL NUMBER

SORL100042918

QUOTE #

PICK-UP DATE

01/13/22

DELIVERY DATE

01/18/22

FROM (Pick-up Location)		ACCT#	APC	AREA	TO (Delivery Location)		ACCT#	APC	AREA
DOMINION AESTHETIC TECHNOLOGIES 14950 HEATHROW FOREST PKWY STE 190 HOUSTON TX 77032 UNITED STATES		DOMAESMCO	IAH		THE MEDICAL SPA SHOW C/O FREEMAN 6675 W SUNSET RD DOMINION AESTHETIC / EON LASER / BOOTH 513 LAS VEGAS NV 89118 UNITED STATES			LAS	
		PHONE #	CONTACT				PHONE #		
		+1 281-587-1368							
BILL TO	ACCT#	PREPAID	COLLECT	THIRD PARTY	COLLECT C.O.D.				
				X					
		BILL OF LADING #							
		PURCHASE ORDER #							
		CUSTOMER REFERENCE #							
SERVICE LEVEL		Standard		REQUESTED DELIVERY DATE		TIME			
				01/18/22		15:00			
CHECK BOX IF SHIPMENT CONTAINS DANGEROUS GOODS		<input type="checkbox"/>		DECLARED VALUE \$		0.00		SHIPPERS C.O.D. \$	
				AMOUNT				AMOUNT	
								FCCOD \$	
								AMOUNT	
PIECES		DESCRIPTION		WEIGHT		DIMENSIONS		CLASS	
1		MEDICAL EQUIPMENT		525.00		0x0x0			
1				525.00					
SPECIAL INSTRUCTIONS		I certify that this cargo does not contain any unauthorized explosives, incendiaries, or hazardous materials. I consent to a search of this cargo. I am aware that this endorsement and original signature, along with other shipping documents, will be retained on file for <u>thirty days</u> . *							
MUST PICKUP ON 1/13/22 1200-1400 LIFTGATE AND PALLET JACK REQUIRED PLEASE CALL SARAH RAMSEY 30 MIN PRIOR AT 713-791-8772 MUST DELIVER BY 1/18/2022 0800-1500		Shipper / Representative _____ Date _____ Signature: x _____ Print Name: x _____							
		THANK YOU FOR USING HNM Global Logistics LLC							
RECEIVED BY HNM Global Logistics LLC DRIVER / AGENT				1st personal ID reviewed:					
Driver Signature: _____		Shipper must sign this bill and produce the proper identification. One type of photo ID is acceptable if issued by employer or government. If this cannot be furnished, the TSA requires 2 forms of ID, one of which must be government issued, non-photo. Non Negotiable Airbill				# appearing on ID		Matched photo on ID? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Print Name: _____						2nd personal ID reviewed:			
Date: _____ Time: _____						# appearing on ID		Matched photo on ID? YES <input type="checkbox"/> NO <input type="checkbox"/>	
No. of Shipments This Stop: _____									
PROOF OF DELIVERY				CONSIGNEE NAME				PIECES	
Consignee SIGNATURE REQUIRED X _____				DELIVERING DRIVER'S NAME				DATE	
								TIME	

It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO CONDITIONS OF CONTRACT ON THE REVERSE SIDE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER, AND THE SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATIONS OF LIABILITY.

Shipper may increase such limitation of liability by declaring a higher value for carriage and paying supplemental charge if required.

* The Terms and Conditions as noted on the reverse side of this Transport Document are not applicable for OCEAN shipments. These shipments will be subject to the Terms and Conditions of the appointed carrier, including Limitation of Liability.



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Fax: 407-472-8955FMC Lic. 023802NF
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WAYBILL NUMBER

SORL100042919

QUOTE #

PICK-UP DATE

01/13/22

DELIVERY DATE

01/18/22

FROM (Pick-up Location)	ACCT#	APC	AREA	TO (Delivery Location)	ACCT#	APC	AREA
DOMINION AESTHETIC TECHNOLOGIES 2431 ALOMA AVE STE 225 WINTER PARK FL 32792-2541 UNITED STATES	DOMAESMCO	MCO		THE MEDICAL SPA SHOW C/O FREEMAN 6675 W SUNSET RD DOMINION AESTHETIC / EON LASER / BOOTH 513 LAS VEGAS NV 89118 UNITED STATES		LAS	
PHONE #		CONTACT		PHONE #			
BILL TO	ACCT#	PREPAID	COLLECT	THIRD PARTY	COLLECT C.O.D.		
				X			
BILL OF LADING #							
PURCHASE ORDER #							
CUSTOMER REFERENCE #							
SERVICE LEVEL	Standard	REQUESTED DELIVERY DATE	TIME				
		01/18/22	15:00				
CHECK BOX IF SHIPMENT CONTAINS DANGEROUS GOODS	<input type="checkbox"/>	DECLARED VALUE \$	0.00	SHIPPERS C.O.D.	\$	0.00	FCCOD \$
		AMOUNT			AMOUNT		AMOUNT
PIECES	DESCRIPTION	WEIGHT	DIMENSIONS	CLASS			
1	MEDICAL EQUIPMENT	525.00	0x0x0				
1		525.00					
SPECIAL INSTRUCTIONS		I certify that this cargo does not contain any unauthorized explosives, incendiaries, or hazardous materials. I consent to a search of this cargo. I am aware that this endorsement and original signature, along with other shipping documents, will be retained on file for <u>thirty days</u> . *					
MUST DELIVER BY 1/18/22 0800-1500		Shipper / Representative _____ Date _____					
Signature: x _____		Print Name: x _____					
		THANK YOU FOR USING HNM Global Logistics LLC					
RECEIVED BY HNM Global Logistics LLC DRIVER / AGENT				1st personal ID reviewed:			
Driver Signature: _____		Shipper must sign this bill and produce the proper identification. One type of photo ID is acceptable if issued by employer or government. If this cannot be furnished, the TSA requires 2 forms of ID, one of which must be government issued, non-photo.		# appearing on ID		Matched photo on ID?	
Print Name: _____						YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date: _____ Time: _____		Non Negotiable Airbill		2nd personal ID reviewed:			
No. of Shipments This Stop: _____				# appearing on ID		Matched photo on ID?	
						YES <input type="checkbox"/> NO <input type="checkbox"/>	
PROOF OF DELIVERY		CONSIGNEE NAME				PIECES	
Consignee SIGNATURE REQUIRED		DELIVERING DRIVER'S NAME		DATE		TIME	
X _____							
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eon[®] experience



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Backwall graphic:
117" w x 95" h
+ 2" bleed on all sides

