

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000308239</b>
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			<b>Date</b> 01/12/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> Page 1
			<b>Ship To:</b> 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States

**Vendor:** 1260018301 1  
 INNOVATION EVENT MANAGEMENT LP  
 7700 NORTHCROSS DR  
 #10688  
 USA  
 AUSTIN TX 78766-1688  
 United States

**Bill To:** Invoice-DSHS Fiscal Claims  
 DEPARTMENT OF STATE HEALTH SERVICES  
 1100 W 49th St (RBB)  
 PO Box 149347  
 Austin TX 78756  
 United States

**Fax:** 512/458-7442  
**Email:** invoices@dshs.texas.gov

**Purchaser:** Ybarra,Diego

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

FY23 funding  
 CP/X - Best Value per Texas Government Code §2155.074  
 Requisition 0000214118 - Contract TXMAS-20-00CORP01  
 SmartBuy PO 23079894  
 Confirmation Order - Do Not Duplicate

Attached Terms and Conditions apply to this Purchase Order.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08/31/2023 are automatically canceled.

**Vendor contact**  
 John-Morris Edwards - President  
 (512) 751-1449  
 JM.Edwards@iemshows.com  
 John-Morris.Edwards@iemshows.com

**Agency contact**  
 Elena Rodriguez  
 (737) 366-5400  
 Elenao.Rodriguez@dshs.texas.gov

**PCS contact**  
 Diego Ybarra, CTCD  
 (512) 406-2480  
 Diego.Ybarra01@hhs.texas.gov

1-1	Texas Black Women's Health Initiative Conference February 26th - 28th, 2023	915-23	1.00	EA	34623.67000	\$34,623.67	01/12/2023
-----	--	--------	------	----	-------------	-------------	------------

<b>Schedule Total</b>	\$34,623.67
<b>Item Total for Line 1</b>	\$34,623.67
<b>Total PO Amount</b>	\$34,623.67

# Department of State Health Services

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000308239</b>
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			<b>Date</b> 01/12/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> <b>Page</b> 2
			<b>Ship To:</b> 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States

**Vendor:** 1260018301 1  
INNOVATION EVENT MANAGEMENT LP  
7700 NORTHCROSS DR  
#10688  
USA  
AUSTIN TX 78766-1688  
United States

**Bill To:** Invoice-DSHS Fiscal Claims  
DEPARTMENT OF STATE HEALTH SERVICES  
1100 W 49th St (RBB)  
PO Box 149347  
Austin TX 78756  
United States

**Fax:** 512/458-7442  
**Email:** invoices@dshs.texas.gov

**Purchaser:** Ybarra,Diego

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Over shipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Performance under this purchase order is acceptance of the attached affirmations and terms and conditions.

**Authorized By**



**01/18/2023**