

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000319418
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.			Date 06/12/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States
			Page 1

Vendor: 1260018301 1
 INNOVATION EVENT MANAGEMENT LP
 5508 W HIGHWAY 290 STE 208
 AUSTIN TX 787358818
 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: Wells,Alicia N

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

CP/X - Best Value per Texas Government Code §2155.074
 Requisition 0000228496 - Contract TXMAS 20-00CORP01
 SmartBuy PO 23159459
 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
 john-morris.edwards@iemshows.com
 jm.edwards@iemshows.com
 512-358-1000
 OR
 Jessie Von Bergen
 jessie.vonbergen@iemshows.com

Agency contact
 Rosa Valdez
 512-884-8143
 rosa.valdez@dshs.texas.gov

PCS contact
 Alicia Wells
 512-406-2582
 Alicia.Wells@hhs.texas.gov

1-1	FY23 2nd Quarter Texas HIV Syndicate Meeting	915-23	1.00	EA	3995.00000	\$3,995.00	06/12/2023
-----	--	--------	------	----	------------	------------	------------

Schedule Total \$3,995.00

Item Total for Line 1 \$3,995.00

Department of State Health Services

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000319418
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.			Date 06/12/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States
			Page 2

Vendor: 1260018301 1
INNOVATION EVENT MANAGEMENT LP
5508 W HIGHWAY 290 STE 208
AUSTIN TX 787358818
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: Wells,Alicia N

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

Total PO Amount \$3,995.00

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

Alicia Wells, CTCO, CTCM

06/13/2023