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SECTION ONE: VITAL STATISTICS



I was a planner, long before I worked in exhibits and events. I like order, lists, and timelines, and was the one planning my 8th birthday party the day after my 7th. I like to bring people together and watch them enjoy the fruits of my hard work, and it has definitely worked to my benefit.

I attended the University of New Mexico in Albuquerque and received my bachelor's degree in Political Science and English. While I knew that I wouldn't be attending law school like most political science graduates, I didn't always know exactly what I wanted to do. I'd made the choice to study a subject that fascinated me, but not one that was particularly helpful in getting me a job, especially since I graduated in 2007 when not many companies, regardless of industry, were hiring. Fortunately for me, I'd participated in United Way's Alternative Spring Break program in college and was connected to the team at United Way of America in Washington, DC. They set me up with a summer internship in the Brand and Marketing

Department, and there, I was responsible for several different projects, but most notably was the marketing efforts for the upcoming Alternative Spring Break. After the summer, I was able to stay on staff and help plan and execute the 2008 spring break programs in the Gulf Coast. From that point on, I was hooked on events.

My actual connection to the exhibit industry is not all that random. I know many people just happen into this world, but I've really always known about it. My father and my uncle have both spent time working in the industry, and once I set my sights on events, it seemed the perfect place to go. After working at the United Way, I moved back home to Massachusetts and took a job as a temp at WorldCare Clinical, a healthcare consultancy which also happened to be a client of Access TCA. I spent three years working at WorldCare, moving from a temp position to a full-time research associate. I worked on projects for the neurology team and started a career in healthcare marketing that would lead me to where I am today.

In the early part of 2011, I was hired by Access TCA as an Event Services Manager on their healthcare team. I started to learn the basics of the industry, placing service orders, working with vendors, and helping the account managers with all show logistics. I learned as much as I could and over time, was promoted from Event Services Manager to Account Manager to Senior Account Manager, and now to Director in the client services department. In my current position, I am responsible for coordinating creative, strategic, tactical, and production resources to ensure that each exhibit or event project is delivered on time, on budget, and on strategy. Still a member of our strong healthcare team, I focus on large and programmatic account management, domestically and internationally, and handle resource management, budget and timeline oversight, vendor management, and convention strategy. I have one direct report; an account manager who works on some of my large accounts with me and has her own set of smaller healthcare clients.

In my current role, I interact with every department at our company. Most of my clients have dedicated teams, but because I manage more than one large client, I work with several different people in each department. Among those I work closely with are the Art Directors, Exhibit Designers, Director of Production, Project Managers, Staff Accountants, Events Services Managers, and Vice Presidents in Client Services. Since we're a smaller company, we have the benefit of upper management often being very hands on in our projects, so it's not uncommon for me to interact with our Managing Director, Senior Vice President of Client Services, and Director of Human Resources as well.

One of the best parts of my job is actually the company I work for. Access TCA was founded on May 1, 1985, in Whitinsville, MA by Michael Yag, who is still our current owner and CEO. Formerly the marketing manager at Polaroid, Mike saw the opportunity to build an exhibit company who approached projects from a marketing perspective, versus merely as cabinet builders. In three decades, we have grown significantly, becoming a respected leader and influential client advocate within our industry. Today, we operate as a medium-sized creative shop, but we still possess the innovative mindset and entrepreneurial vision with which we were founded.

Few exhibit companies can match our record of steady growth and strategic expansion. While we often compete directly with Derse, The Taylor Group, GES, Freeman, Impact XM, Czarnowski, and Catalyst, among other exhibit houses, we are proud of our client list and the work we can accomplish for them. Last year, we executed 1,138 projects for our 237 clients in 19 countries around the world. Our team of approximately 130 employees believes in the intrinsic value of face-to-face marketing and helps our clients harness the power of conventions, meetings, and events to drive measurable business results, from attendance to awareness.

From our Boston, Atlanta, Dallas and Las Vegas offices, we support global convention, trade show, meetings and event programs for current and future leaders in healthcare, technology, automotive and consumer goods. Our internal capabilities include: convention management, account management, engagement strategy development, exhibit and graphic design, traditional and specialty fabrication (inclusive of metal), graphic production (inclusive of large format graphics and fabric graphics), refurbishment, storage, transportation management, housing and registration, meeting planning, and onsite installation and dismantle.



SECTION TWO: OVERVIEW

For this portfolio, I will be focusing on the work we did for Celgene’s Inflammation and Immunology division. This division participated in four major trade shows each year, two in rheumatology and two in dermatology. Although they have since launched their product Otezla in the United States and Europe, we worked with them in the pre-approval phase and focused on producing a disease awareness booth to bring attention to psoriasis.

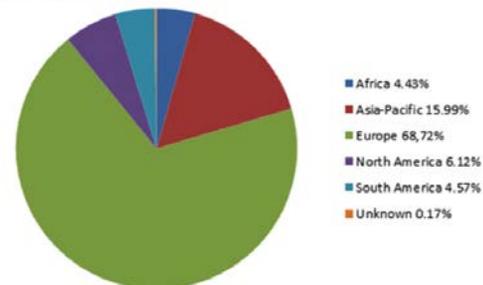
The event I will be discussing will be EADV (European Academy of Dermatology and Venerology) 2014, where we built a 5m x 10m booth and developed an exit survey which was conducted during show hours.

This event was more than the standard execution of existing booth properties; we had to collaborate closely with Celgene and their agency of record, Palio, on the design of the space, as we were bringing to life a campaign Palio had created and the show took place internationally, which posed its own set of challenges, and meant we would not be using any existing Celgene properties. As we went through the planning process, Celgene asked us to help them develop the exit survey for the show, as they wanted to track awareness of the disease, the new product, and Celgene overall before they determined what marketing efforts would best facilitate their European approval and launch strategies. Since EADV states the top two reasons for attendance at the meeting are gathering new product information and education¹, it was the ideal location for a disease awareness campaign.

This show took place in Amsterdam over five days, and the demographics are as follows²:

Participant profiles (by the respondents)	
Speciality	Area of interest
Aesthetics	16.92%
Allergology	7.55%
Cosmetic	18.95%
Dermatology	0.09%
Dermapathology	21.53%
Endocrinology	0.25%
General practice	4.42%
Gerontology	0.13%
Gynaecology	0.16%
Immunodermatology	14.34%
Nutrition	0.41%
Oncology	4.96%
Ophthalmology	0.19%
Others	6.69%
Paediatric dermatology	2.27%
Plastic surgery	0.16%
Venerology	0.98%

By region



Facts and Figures from the 24th EADV Congress 2015

Total number of attendees	9'875 participants
Healthcare professionals	96%
Non-healthcare professionals	4%

EADV had a few special circumstances that should be taken into consideration. First, there was no RFP submitted for this business. Celgene was an existing client, and it was assumed that we would do this work. Second, this booth was a “build and burn” project. Future use and longevity of the graphics/exhibit components were not a consideration. And third, because the approval of Otezla would happen in the US before Europe, the show strategies for 2014 were very different based on global region. For the portfolio, I will only focus on the European strategy and how it ties into EADV specifically.

SECTION THREE: SHOW SCHEDULE/MEASURABLE SHOW OBJECTIVES

As mentioned previously in Section Two, the Inflammation and Immunology division of Celgene participated in four trade shows each year. They attended large dermatology and rheumatology shows, both in the US and internationally. Those shows were:

Congress	Location	Event Dates	2014 Booth Space
AAD (American Academy of Dermatology)	Denver, CO	Mar 21-25	30x40
EULAR (European League Against Rheumatology)	Paris, France	Jun 11-14	5m x 9m
EADV (European Academy of Dermatology and Venerology)	Amsterdam, Netherlands	Oct 8-12	5m x 10m
ACR (American College of Rheumatology)	Boston, MA	Nov 11-19	20x30

In 2014, the first show was EULAR and the main focus of market strategies in Europe was disease awareness. Celgene had been granted approval by the FDA for Otezla in the United States, and while they did not have approval in European countries, Celgene wanted the healthcare professionals attending the show to be aware of the disease they were aiming to treat and how that disease specifically affected patients. In addition to their pipeline and patient-centric infographics, Celgene wanted to include their MOD video (mechanism of disease) to explain the science behind psoriatic arthritis; an area dedicated to US physicians; and an explanation of their new clinical trials.



Renderings of EULAR 5mx9m booth



EULAR booth photos

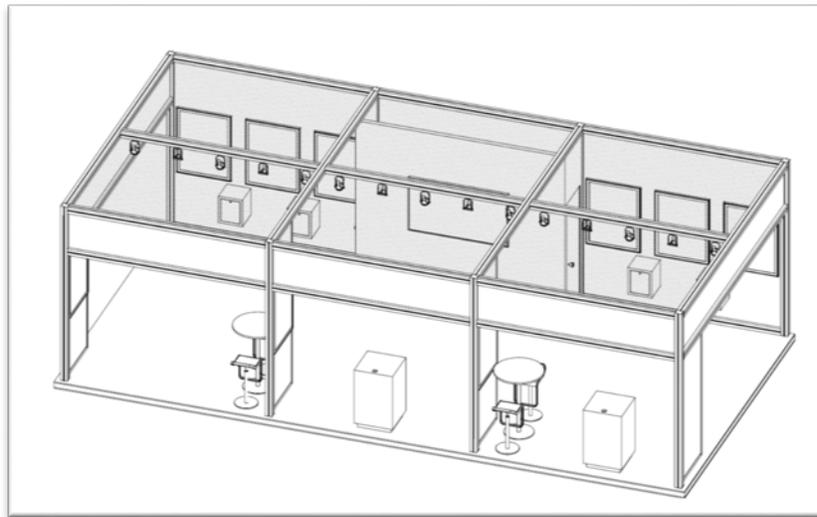
While this booth presented all the information Celgene wanted to share, we learned, as is taught in **Session 62016, The @show Experience, ELC #6**, the volume of the message had not been appropriately taken into consideration. It became clear that the tactics needed to change as we moved into the EADV planning.

EADV was a great opportunity to present the same information from EULAR, but to a completely new audience. The attendees were still part of Celgene’s target audience, but they would not have seen any of the information from EULAR and the team decided to completely overhaul the campaign and tactics for the same strategy of disease awareness. For EADV, Access, Palio and Celgene worked off this plan:

<p>Strategies</p>	<ol style="list-style-type: none"> 1. Educate attendees about the disease state of psoriasis and the shortcomings of existing treatments. 2. Use the MAPP (Multinational Assessment of Psoriasis and Psoriatic Arthritis) survey data to show a disconnect between the 'patient perspective' and the physician's assessment tools and the fact that patients were not aware of many treatment options available to them. (Note: this survey was conducted by Celgene independent of this event). 3. Generate interest in apremilast (Otezla) which is approved in the US but not in any other countries, although approval in the EMEA was forthcoming.
<p>Tactics</p>	<ol style="list-style-type: none"> 1. Take attendees through "a day in the life" of an individual suffering from psoriasis and the challenges it presents not only to skin health but also mental health and social interactions. 2. Use physical props to highlight the MAPP findings throughout the booth space. 3. Build a booth/experience that stands out from other scientific exhibits.
<p>How to measure success</p>	<ol style="list-style-type: none"> 1. Results of the MAPP quiz, which can be taken by physicians to test their knowledge of how patients responded to the survey. 2. Exit Survey as attendees leave the booth space to determine motivation for attendee activity and exhibit performance, both of which are types of post-show survey questions from Session 10516: Using Surveys to Measure Performance, ELC #4.2.
<p>Measurable goals</p>	<ol style="list-style-type: none"> 1. Participation in the MAPP quiz by at least 20% of the exhibit attendees. 2. Increase awareness of 'patient perspective' by 45% (over awareness before entering the exhibit). 3. Increase interest in PDE4 and apremilast after visiting the exhibit.

SECTION FOUR: MANAGEMENT OF EXHIBIT DESIGN/PRODUCTION

The planning for EADV began in April of 2014, approximately 6 months before the event. There was no RFP for this project and we began design concept conversations with Palio. They had been working on a gallery idea with the important data being framed out like artwork. There would be an interactive element to these panels and we would need to figure out how to incorporate those panels, their video from EULAR, and an area for medical information into a 5m x 10m space. I consolidated the agency's ideas and worked hand-in-hand with our exhibit designer to sketch concepts like this one:



Design Concept 1 for EADV 5m x 10m space

Between April and July, we did four design revisions, making changes to better suit the campaign as it was being fleshed out. We worked on the structural elements, how we could execute the concept within the guidelines of the association and within the budget, which will be discussed in detail further on in this section.

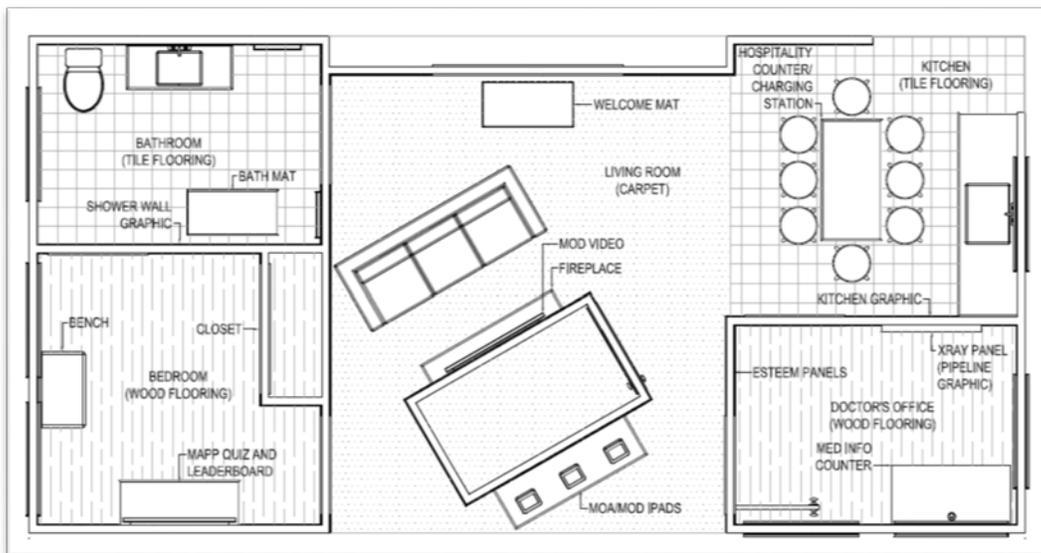
Then, the first week in August, we had to completely change direction. Palio had gotten word that a competitor of Celgene's was developing a similar concept and the art gallery idea had to be scrapped. As we know from **Session 52216: International Events, ELC #4**, we should plan for international events to take about 25% longer than domestic events and we were down to only two months to execute the event.

Even though we had been collaborating with Palio up to this point, the complete change in tactics required complete cooperation. Weekly status calls were scheduled, and our exhibit designer took part in exploration calls with Palio to help ensure we would be fully aligned every step of the way. **Session 40216: Basic Project Management and Reporting Skills, ELC #7** teaches us the importance of creating agendas and sticking to them and it could not have been truer in this situation. While the objectives we were working from did not change, we had to come up with new tactics and they had to be show-ready in only two months' time.

Within two weeks of finding out we had to start from scratch, we landed on the concept of walking doctors through a day in the life of a patient and we did our first design.



Design Concept 5 for EADV 5m x 10m space (first house concept)



Design Concept 5 for EADV 5m x 10m space floor plan

This idea would require us to literally build a house in the exhibit hall. Each room would be set up to share with doctors the things patients with psoriasis deal with on an every day basis, like topical treatments effecting clothing choices and the need for back-scratchers in every room. As the tatics listed above state, we wanted the booth to stand out from other medical exhibits and this was definitely going to get attention.

We continued to work through the design revisions and determine how we could fit all the information necessary into the new space. At the same time, we were working with our International Project Manager and our team in England, who would be building the booth, about the production logistics. Not only did we have to build the frame-work of the house, we had to furnish and decorate it too. It's not uncommon to pick out flooring or comfortable seating for a booth, but we had to pick out bathroom fixtures, bedding, kitchen utensils, and window treatments as well, to name a few.

With this in mind, task management and delegation was essential to the success of the project. Because there were so many small details, a tracking document was created. **Session 40216: Basic Project Management and Reporting Skills, ELC #9** teaches us to brainstorm what types of tasks will need to be accomplished and to assign resources. The document for the house props ended up looking like this:

PROP LIST									
Location	Description	Quantity	Specs	Responsibility		Deadline			
				Palio	Access	Client Review	Legal Review	Access	
General									
	Door frames	4	TBD						
	Picture frames throughout	TBD	TBD						
Bathroom									
	Floor - Small tiles - contrasting color to wall tiles	NA	Vinyl						
	Wall tiles (see color schematic from P+I)	NA	Vinyl						
	Double Vanity	1	TBD						
	Medicine cabinets with mirrors above double vanity	2	TBD						
	Window with trim and sill	1	TBD						
	3 Stack shelf under window	1	TBD						
Wall Fixtures:	Freestanding foax countertop above vanity	1	~8"(w) x 4'(L)						
	Bath towel rack	1	TBD						
	Hand towel rack	1	TBD						
	Toilet paper wall unit	1	TBD						
	Toilet - EU Style Protruding from wall	1	NA						
	Freestanding glass shower walls	2	TBD						
	Freestanding shelf (inside shower)	1	TBD						
	Standard EU outlets	TBD	White						
	Crown molding	NA	White						
	Baseboard trim	NA	White						
	Lighting unit (sconces)	TBD	NA						
Misc:	Window drapery - Blinds or curtains	TBD	TBD						
	Bath mat(s)	TBD	TBD						
	Trash bin	1	TBD						
	Weight scale	1	TBD						
	Hand towels (1 on rack, extras on 3 stack shelf)	3	TBD						

EADV Props Excel Spreadsheet Tracking

This document was an important part of our success in this project, as it ensured even the smallest detail wasn't forgotten.

Once we finalized the house design, we were able to narrow our costs down and provide Celgene with specific costs for the show. We knew from the beginning of the project, before the house even came to be, that we had \$155,000 for the build and services of this project. We worked from this number for design, and when providing the client with options for props. As is quite common in building a real house, it's easy to go over budget when choosing finishes and furnishing if you're not careful and we wanted to make sure we didn't end up in that position. We needed to maximize the value of every dollar to ensure high quality production and we did just that.

Our planned budget versus the actuals were as follows:

	Proposed Cost	Actual Cost
Warehouse Prep of materials to be sent from UK to Amsterdam for onsite build	\$4,710	\$4,710
Exhibit Design Cost for hours spent on 3D design and revisions	\$3,000	\$3,000
Custom Exhibit Production Cost of “build and burn” house including all required props	\$46,500	\$47,695
Graphic Production Cost for all graphics including fabric prints, vinyl texts, and 3D logos	\$18,000	\$22,902
Management Services Coordination of work flow between Access UK, design team, show coordinators, etc.	\$7,075	\$7,358
On-site Services Includes transportation, material handling, electrical, catering, labor, AV, lead retrieval, facilitators, internet, photography, and cleaning	\$69,689	\$78,093
Supervision Cost for on-site supervision during install, show run and dismantle including per diem	\$5,000	\$4,471
TOTAL COSTS	\$153,974	\$168,498

As you can see, we went over the \$155,000 by \$13,498 and over the original estimated costs by \$14,524. The most significant changes came from two areas. The first is graphic production; we had to reprint some of the fabric panels after they’d already been finished due to content changes. The second is on-site services; we had changes onsite in Amsterdam that required us to do change orders at the show. As we learn in **Session 61116: Basics of Event Logistics and Implementation, ELC #3**, change order forms should always be carried on-site and signed, which ensured we would be able to capture these costs correctly and bill for them post-show. While going over budget is never ideal, we were able to stay within 9% of the original budget, even with a complete change in project scope, a shorted timeline, and several unforeseen last minute changes.

The on-site build took place over three days, with a five-man labor crew and required two trips to IKEA. When the show opened, the visions of Access, Palio, and Celgene all came to fruition.



Celgene at EADV show photo – interior view 1



Celgene at EADV show photo – exterior view 2



Celgene at EADV show photos – bathroom views



Celgene at EADV show photos – bedroom view



Celgene at EADV show photos – kitchen view



Celgene at EADV show photos – livingroom view

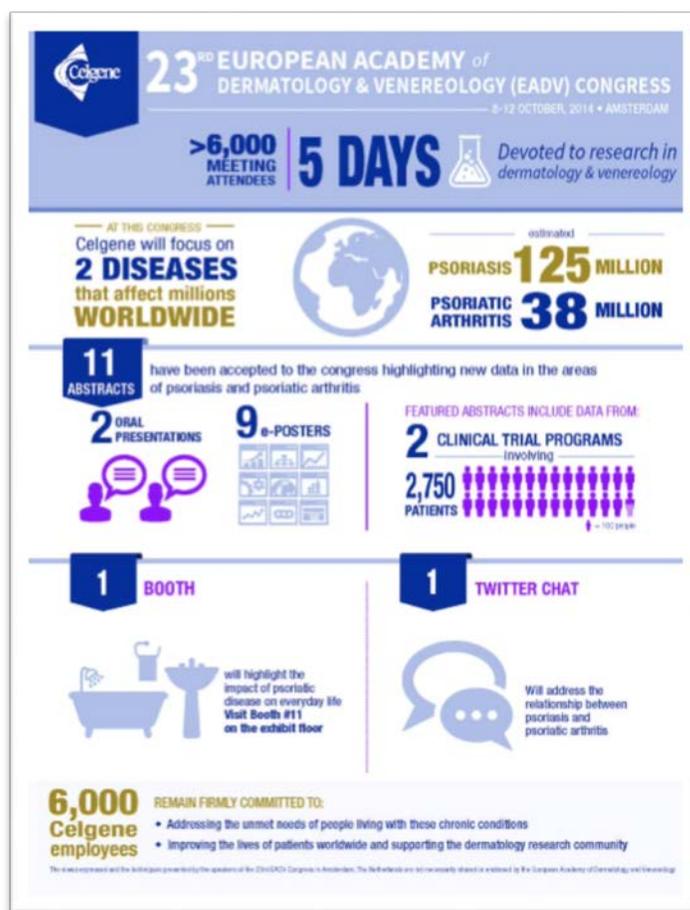
SECTION FIVE: MANAGEMENT OF INTEGRATED MARKETING COMMUNICATIONS

Going into EADV, Celgene focused their marketing on bringing attention to their patient perspective campaign. Although this was not a full launch for the product yet, it was still a launch event, as we learned in **Session 31116: How to Grow your Brand: Incorporating Brand Marketing into Your Exhibit Program, ELC #4**, as the goal was to build awareness and establish themselves in the market prior to the drug approval in Europe.

Besides presenting the campaign in the booth, Celgene pulled the patient perspective into their other activities at the show, including a live Twitter chat and a press workshop. The integrated marketing communications tactics I will be reviewing are:

Communication Method	Rationale	Target Audience	Measurable Goals	Assessment Method	Results
Pre-show infographic e-blast	Bring attention to the different activities Celgene had going on at the congress	All attendees, including press	At least 350 badge scans at the booth and at least 95 badge scans at the symposium	Number of badge scans	400 badge scans at the booth and 105 badge scans at symposium entrance
At-show Twitter Chat	Promote the connection of Celgene to the Psoriasis community	Participants in the World Arthritis Day Twitter chat	At least 50 Twitter users following allow/actively participating in the live chat	Use of #psorchat hashtag	75 uses of #psorchat during the hour of live chat
At-show Live Action Workshop	Raise awareness of the difficulties of living with psoriasis	Media and patient organizations	At least 25 badge scans to count attendance and 4 unique press coverings	Badge scans and press coverage	Badges were not scanned at event. Press coverage was limited (actual coverage numbers not recorded)

The first piece of communications sent out was the pre-show infographic. This was Tweeted out by the @Celgene Twitter account, and sent out as an EADV e-blast, a sponsorship that was purchased through the association. The idea behind this graphic was to draw attention to all the activities Celgene had going on at the meeting. As a company, they were participating in so much more than just the booth, and they wanted to promote their involvement in the association. As we learned in **Session 416: Trends with Benefits: Cool Applications of Hot Ideas, ELC #4**, most people process information visually, and infographics are a fun and interesting way to present data, so this was the chosen method to grab attendees attention.



Celgene at EADV activities infographic

The goal for this communication was to bring more people to each of the events. While it's hard to determine how many attendees would have been at each event without having read this graphic, the attendance numbers at both the booth and the symposium (the only areas where attendance can be recorded) were high. Celgene was quite pleased with this communication and decided it would be an effective communication tool at other meetings as well. It was a simple, easy, and condensed way to show their presence overall at the meeting, and tease the campaign they would be presenting.

The second piece of communication was the live Twitter chat. Since World Arthritis Day fell during EADV in 2014, Celgene wanted to take the opportunity to promote their connection to the psoriasis and psoriatic arthritis communities. The chat was promoted in the pre-show infographic discussed above, in handouts at the booth, and in tweets sent out prior to the event by @Celgene.

The goal for this communication was to promote Celgene's involvement beyond creating treatments. They wanted to show they supported patients and the issues in their lives because of the disease, and were connected with patient advocacy organizations. By partnering with the National Psoriasis Foundation and the Arthritis Foundation, Celgene was given even more credibility in the community and gained additional followers who wouldn't have necessarily found them otherwise.

Of the 125 million people worldwide diagnosed with psoriasis, up to 38 million people may have psoriatic arthritis.

#psorchat

In honor of World Arthritis Day 2014, please join @Celgene, the Arthritis Foundation (@ArthritisFdn) and the National Psoriasis Foundation (@NPF) in a tweetchat discussion about the challenges facing the psoriatic arthritis (PsA) community – including the impact of disease and the relationship between PsA and other serious health conditions, like psoriasis.

- How can patients and doctors work better together to manage this disease?
- What information do patients and caregivers need to understand about PsA, including potential associated risks?

When: Friday, 10 October, 2014
Time: 17:00 CEST / 11:00 AM EST / 8:00 AM PST
Where: On Twitter using #psorchat
With: @Celgene, @ArthritisFdn, @NPF

Follow the conversation by using the hashtag: #psorchat. Use a platform like tweetchat.com or tchat.io to follow the tweetchat in one place.

Please note: This chat is not a forum to discuss specific treatment options or to receive or provide medical advice.

Looking forward to seeing you on Twitter!

World Arthritis Day Twitter chat advertisement

The chat was an hour long and during that time the hashtag #psorchat was used 75 times. While the information shared by Celgene was not specifically about their MAPP survey or directing people to the booth, since participants in the chat did not have to be show attendees, they did facilitate questions that directly related to patient life. They created a forum to bring together patients and healthcare professionals from all over the world to discuss the disease and draw more attention to the burden of having psoriasis and psoriatic arthritis.

Because there was no cost to host the Twitter chat, which differed from the other communications, it was considered very successful. It was a free way to promote the Celgene brand and connect the company with prominent patient advocacy groups.

The third communication was a live workshop where the difficulties of living with psoriasis and psoriatic arthritis were acted out by professional actors. Patient organizations and press were invited to this offsite event, which was hosted by thought leaders in the community. The hope was that by providing real-life stories of disease struggles and discussing the information of the MAPP survey with this specific group of people, it would help the story travel further. In **Session 304: Content+Interactions: A Formula for Effective Marketing Impact, ELC #6**, we explored the idea of trans-media storytelling and how the different channels tell a part of the whole story. That idea was brought into action here. At this event, the daily struggles displayed at the booth were brought to life by real people which humanized the results of the MAPP survey.

The goal for this event was to have additional media coverage, outside of what was already being shared about EADV as a whole, and to have the patient groups bring what they learned back to their teams. We also intended to scan badges of people who attended, but that didn't end up happening, so there is no data recorded about who was at the event. It's hard to determine what the patient groups did with the data post-event, and while there was some press coverage, it was not as wide-spread as Celgene had hoped.



Sample press coverage of Celgene's live event³



Sample press coverage of Celgene's live event⁴

With three very different types of communication, the plan for improvement varied with each one. While the infographic was a huge hit and was replicated many times after this show, the live workshop fell a bit short of expectations. During the event debrief, it was discussed that more attention should have been given to promoting the workshop. Several press releases were sent out by Celgene before and during the show, but they were all related to the clinical data being presented at poster sessions and symposiums. Since the press was part of the target audience for the workshop, a press release announcing the event may have helped with the attendance.

As mentioned previously, the Twitter chat was considered successful, but difficult to replicate. Celgene was in a position pre-launch to speak more freely about psoriasis than they would be post-launch, as certain comments could be taken out of context and violate FDA rules.

Overall, the biggest recommendation post-show was to improve the use of social media for all event activities. With event or show hashtags being created and used, it's an easy way to reach the target audience without incurring additional costs. As we learn in **Session 31516: Integrated Marketing Communications, ELC #4**, it is important to put a consistent amount of money toward marketing efforts at each show, but in this case, with the change in campaign direction so late in the planning, there wasn't time to plan additional marketing, and it would have been better to take advantage of the free social media platforms.

SECTION SIX: MANAGEMENT OF RESULTS REPORTING

During the process of managing the booth build, Celgene reached out to Access to help them develop an exit survey for EADV. Because the booth was taking place pre-launch in Europe, they wanted to get an idea of where healthcare professionals stood in terms of their understanding of the disease and how the campaign helped change their perspectives. As we learn in **Session 10516: Using Surveys to Measure Performance, ELC #1**, this type of information is a beneficial tool in decision making, and provides data to justify the necessity of the exhibit.

By creating a survey with specific exhibit performance questions, Celgene would be able to measure an increase in interest created specifically by this campaign and the “house” at EADV. The survey was made up of ten questions, eight multiple choice and two open response, any of which could be opted out of by the participant if they preferred not to answer. A booth facilitator approached attendees as they were leaving the space, asked if they’d be willing to participate in a survey, and recorded their answers on an iPad.

The first question set the tone for the survey, asking the attendees what prompted them to visit the Celgene exhibit (more than one answer was allowed). While the design of the exhibit was a big draw, 80% of those who responded had interest in the product Celgene was developing.

Answer Choices	Responses	
The "patient home" design caught my attention.	32.32%	32
I already planned to visit Celgene at EADV.	15.15%	15
I am interested in learning about apremilast (PDE4).	80.81%	80
Facilitators invited me in.	34.34%	34
I wanted to sit down.	7.07%	7
Total Respondents: 99		

EADV exit survey Question 1 responses

Once the attendees were brought in, 56% said they spent between five and ten minutes in the exhibit. Of the 102 attendees who took the survey, all of them said they would recommend visiting the exhibit to their colleagues, and 99% of them said they went to the medical information area of the exhibit to ask further questions or pick up additional brochures.

The third question in the survey asked attendees specifically what information presented at the exhibit was useful to them.

Answer Choices	Responses	
The patient perspective.	55.88%	57
New MOD (mechanism of disease).	48.04%	49
Publications.	44.12%	45
Advocacy: Acceleration action to improve treatment.	11.76%	12
Interactive quiz.	33.33%	34
Celgene's immunology drugs and indications in development.	38.24%	39
Introduction of Otezla	52.94%	54
Clinical Data on touch screen panels.	60.78%	62
Handouts.	45.10%	46
Total Respondents: 102		

EADV exit survey Question 3 responses

Information from this question allowed Celgene to determine which information they presented should be given more prominence at the next conference. At EADV, the clinical data had to be part of the medical information area, as it was directly connected to the yet-to-be-approved product, and was on two touch screens in the small office section of the house. Knowing that it was the most important to attendee, the location of those panels and the ease of access to the information would be reconsidered for the next show.

The question that linked directly to the goals set for the project asked what impact did visiting the exhibit have on the attendee's desire to learn more about PDE4 or the apremilast clinical data. With this, Celgene was able to determine that their tactics had created a positive impact on the attendees in regards to learning more, and that 32% of those surveyed found the exhibit to have a significant impact on their interest in PDE4 or apremilast.

					Total	Average Rating
None	0.00%	0.00%	0.00%	0.00%	0	0.00
Very little	0	0	0	0	0	0.00
Some	100.00%	0.00%	0.00%	0.00%	29	1.00
Positive impact	29	0	0	0	41	1.00
Significant impact	41	0	0	0	32	1.00

EADV exit survey Question 7 responses

With the information from the survey, as well as the results from the quiz that could be taken in the booth, we were able to look back at the goals set (from Section Three) and measure the success.

<p>Strategies</p>	<ol style="list-style-type: none"> 1. Educate attendees about the disease state of psoriasis and the shortcomings of existing treatments. 2. Use the MAPP (Multinational Assessment of Psoriasis and Psoriatic Arthritis) survey data to show a disconnect between the 'patient perspective' and the physician's assessment tools and the fact that patients were not aware of many treatment options available to them. (Note: this survey was conducted by Celgene independent of this event). 3. Generate interest in apremilast (Otezla) which is approved in the US but not in any other countries, although approval in the EMEA was forthcoming.
<p>Tactics</p>	<ol style="list-style-type: none"> 1. Take attendees through "a day in the life" of an individual suffering from psoriasis and the challenges it presents not only to skin health but also mental health and social interactions. 2. Use physical props to highlight the MAPP findings throughout the booth space. 3. Build a booth/experience that stands out from other scientific exhibits.
<p>How to measure success</p>	<ol style="list-style-type: none"> 1. Results of the MAPP quiz, which can be taken by physicians to test their knowledge of how patients responded to the survey. 2. Exit Survey as attendees leave the booth space to determine motivation for attendee activity and exhibit performance, both of which are types of post-show survey questions from Session 10516: Using Surveys to Measure Performance.
<p>Measurable goals</p>	<ol style="list-style-type: none"> 1. Participation in the MAPP quiz by at least 20% of the exhibit attendees. 2. Increase awareness of 'patient perspective' by 45% (over awareness before entering the exhibit) 3. Increase interest in PDE4 and apremilast after visiting the exhibit
<p>Results</p>	<ol style="list-style-type: none"> 1. The MAPP quiz was taken by 45 attendees. Using the overall badge scans taken by the booth facilitators, 400 people visited the exhibit and therefore the 20% participation was not met. 2. The survey results of question three found that 56% of people who visited the exhibit found the 'patient perspective' to be useful information to them. This question was intended

	<p>to address the awareness of this perspective and therefore, the 45% increased awareness goal was met and surpassed.</p> <p>3. The survey results of question eight found that 75% of attendees responding said the exhibit had a positive or significant impact on their interest in PDE4 and apremilast. While a specific percentage was not assigned to this goal pre-show, the idea that such a large percent of attendees were positively impacted was considered a huge success for Celgene.</p>
<p>Recommendations for improving results at next year's show</p>	<ol style="list-style-type: none"> 1. With the results of the quiz being part of the measurable goals, make it a primary focus in the space. There needs to be more clear direction on what the quiz is about and what you're hoping to find out from it. It would also be helpful to have facilitators or staff specifically dedicated to this area to help draw people in to play and to help participants with any questions that come up along the way. 2. Although not tied specifically to the pre-show goals, the results of the survey suggest the clinical data needs to be given more attention. This booth was specifically meant to address the patient perspective and therefore the clinical data was moved to a less prominent area, but the results suggest attendees are at the show for this type of information and it would be beneficial to include it in the forefront.

Overall, the results of the show were quite positive. While it became clear from the survey that certain areas of the booth deserved more attention than had been expected, the traffic was consistent and the booth staff was always engaged.

The quiz was the area of the booth which did not produce the ideal results. Being able to track who took the quiz and when, Celgene was able to determine that it was not as useful a tool as they had anticipated. As we know from **Session 30716: Creative Thinking to Reinvigorate Your Program, ELC #3**, creating an unusual experience is a great way to connect to your audience, and technology doesn't always help in that experience. The house created a very unusual experience at a healthcare trade show, but the iPads with a quiz got lost with more interesting things to be seen.

The survey information and overall results of the meeting were presented in a post-show debrief meeting which took place approximately two week after the close of the show. Knowing from **Session 20416: Don't Skip the Meetings, ELC #5** that it's important to include everyone with a vested interest in the outcome of the event, the Palio team was included in the meeting along with the Celgene I&I marketing team. There was a PowerPoint shown to review each of the survey questions and results, and handout packets were distributed which included the full survey results, the MAPP quiz results, and the overall lead scans. The full exit survey with results is included as Appendix A, page 25.

SECTION SEVEN: CONCLUSION

Overall, this booth and related marketing efforts were considered a big success for Celgene. They'd already gotten approval for Otezla in the United States, and the European approval would come just three months after the show. Because of the approval, the Celgene I&I team changed how they exhibited quite dramatically after this event. 2015 brought launch booths in both the United States and Europe, and a whole new team of people to manage the process.

Even with the team changing, many of the best practices we'd learned through the EADV planning process, quick and dirty as it was, stayed in place. With the brand team being more on the forefront of projects moving forward, and their schedules constantly changing, the weekly inter-agency meetings became a must. Pre-set time to meet each week and review anything outstanding became invaluable, and was often the only time we were able to touch base in a week. The task management document was also adapted to each show, because even though props were no longer a concern, there were several graphic and digital deliverables, and the document kept responsibilities and deadlines clear.

While I am no longer part of the team for this account, and therefore cannot speak to how much more the program has evolved, what I learned from this event and in the CTSM program has helped me to improve how I manage other accounts and events. Sessions like **62016: The @show Experience: Understanding the Essentials of Exhibit Design** and **30716: Creative Thinking to Reinvigorate Your Program**, have taught me to ask better questions about specific needs of booth spaces and desired design elements, which has saved me a lot of time managing the design process. With there being so little time to fully execute the EADV booth, having asked the right questions up front could have bought us some much needed additional time in production.

Along the same idea, because of **Session 31516: Integrated Marketing Communications**, I know to ask about the pre-, at-, and post-show marketing tactics that are happening at each event and how we can tie those into the booth designs or in-booth activities. With the EADV booth being all about a specific campaign, this information was presented to me to use, but that's generally not the case. Being aware of the full marketing efforts surrounding an event allowed me to become more helpful to my internal teams, like design, as well as the agencies and onsite teams who are often working separately until the show starts.

Because of almost every CTSM session I've taken, I know the first step in the planning process is to set your objectives. With this in mind, I've started to think about what my objectives are to improve in my current role and am focusing on budgeting and effective leadership. For budgeting, I've started using tactics from **Session 20316: The Nuts and Bolts of Budgeting for Results, ELC #6**, by creating a template I can use across accounts to make reporting easier and more consistent. For my leadership skills, I've tried to focus on tactics from **Session 40216: Basic Project Management and Reporting Skills, ELC #5**, by creating a clear vision with my team for each project, and from **Session 409: Managing in a Changing Environment, ELC #1**, by shifting my attention to anticipating problems and avoiding them instead of simply reacting when they occur.

I've gained so much already as I've worked toward becoming a CTSM, and look forward to continuing on with my education. The program provides such great information and resources, and I know the more often I can make use of what I've learned, the more valuable a resource I become to my teams and my accounts.

SOURCES

Footnotes

1. EADV Exhibitor Prospectus - <https://user-cc0betr.cld.bz/Industry-Opportunities-Vienna-2016#12/z> (page 12)
2. EADV Exhibitor Prospectus - <https://user-cc0betr.cld.bz/Industry-Opportunities-Vienna-2016#13/z> (page 12-13)
3. The Pharma Letter – 10/14/2014 - <http://www.thepharmalletter.com/article/eadv-celgene-helps-to-raise-awareness-of-psoriasis-burden-and-presents-new-otezla-data>
4. Medical Facts – 10/15/2014 - <http://www.medicalfacts.nl/2014/10/15/eadvams-celgene-helpt-bewustzijn-van-ziktelast-psoriasis-te-verhogen/>

Required Sessions

1. Session 10516: Using Surveys to Measure Performance, ELC #1 (page 19)
2. Session 10516: Using Surveys to Measure Performance, ELC #4.2 (page 6)
3. Session 20316: The Nuts and Bolts of Budgeting for Results, ELC #6 (page 23)
4. Session 20416: Don't Skip the Meetings, ELC #5 (page 22)
5. Session 30716: Creative Thinking to Reinvigorate Your Program, ELC #3 (page 22)
6. Session 30716: Creative Thinking to Reinvigorate Your Program, overall (page 23)
7. Session 31116: How to Grow your Brand: Incorporating Brand Marketing into Your Exhibit Program, ELC #4 (page 14)
8. Session 31516: Integrated Marketing Communications, ELC #4 (page 18)
9. Session 31516: Integrated Marketing Communications, overall (page 23)
10. Session 40216: Basic Project Management and Reporting Skills, ELC #5 (page 23)
11. Session 40216: Basic Project Management and Reporting Skills, ELC #7 (page 7)
12. Session 40216: Basic Project Management and Reporting Skills, ELC #9 (page 9)
13. Session 52216: International Events, ELC #4 (page 7)
14. Session 61116: Basics of Event Logistics and Implementation, ELC #3 (page 10)
15. Session 62016, The @show Experience, ELC #6 (page 6)
16. Session 62016, The @show Experience overall (page 23)

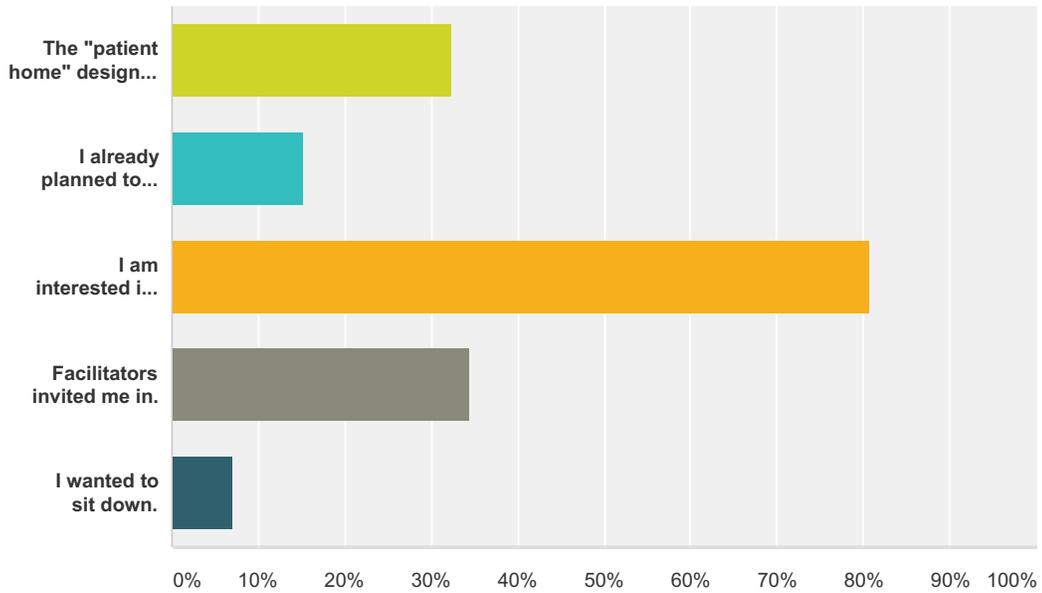
Elective Sessions

1. Session 304: Content+Interactions: A Formula for Effective Marketing Impact, ELC #6 (page 17)
2. Session 409: Managing in a Changing Environment, ELC #1 (page 23)
3. Session 416: Trends with Benefits: Cool Applications of Hot Ideas, ELC #4 (page 15)

APPENDIX A: FULL EXIT SURVEY RESULTS

Q1 What made you decide to visit the Celgene stand? (check all that apply)

Answered: 99 Skipped: 3



Answer Choices	Responses
The "patient home" design caught my attention.	32.32% 32
I already planned to visit Celgene at EADV.	15.15% 15
I am interested in learning about apremilast (PDE4).	80.81% 80
Facilitators invited me in.	34.34% 34
I wanted to sit down.	7.07% 7
Total Respondents: 99	

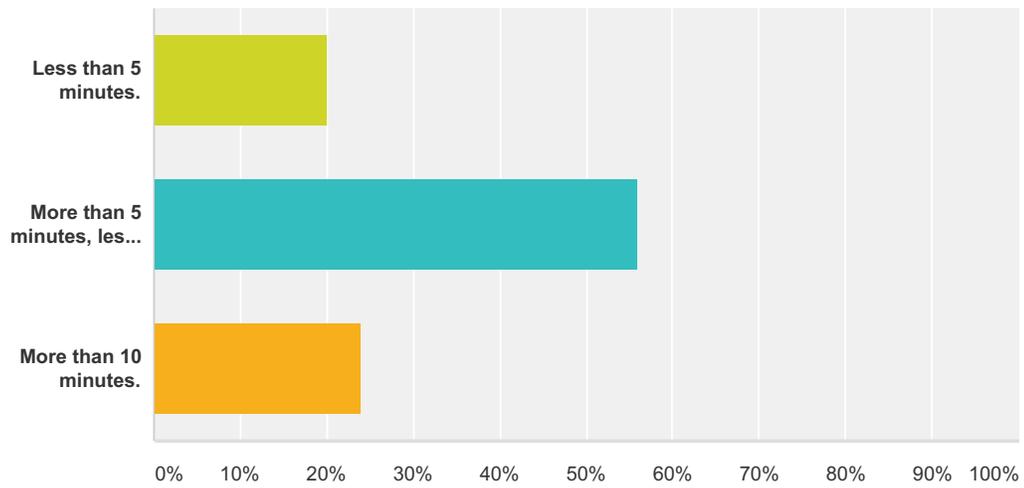
#	Other (please specify)	Date
1	attended talk about this product	10/14/2014 3:42 PM
2	coffee	10/14/2014 3:38 PM
3	saw headphones and video	10/14/2014 3:37 PM
4	Meeting scheduled in the stand	10/14/2014 2:01 PM
5	coffee	10/14/2014 1:19 PM
6	I did not know about apremilast	10/14/2014 1:15 PM
7	I knew nothing about apremilast before I saw the stand	10/14/2014 1:13 PM
8	Loved the stand	10/13/2014 7:07 PM
9	Coffee	10/13/2014 7:04 PM
10	Coffee	10/13/2014 7:03 PM
11	Coffee	10/13/2014 7:02 PM

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12	Coffee	10/13/2014 7:01 PM
13	interested in time until approval in Brazil	10/13/2014 7:00 PM
14	interested in symposium	10/13/2014 6:54 PM
15	was at a stand across the way & liked the Celgene stand	10/13/2014 6:51 PM
16	Phase 3 trial involvement--working on biosimilars	10/13/2014 6:49 PM
17	Study participant	10/13/2014 6:45 PM
18	wanted symposium information	10/13/2014 4:22 PM
19	wanted symposium information	10/13/2014 11:50 AM
20	I visited Celgene at AAD and wanted an update	10/13/2014 11:41 AM
21	heard about symposium	10/13/2014 11:39 AM
22	I saw a presentation earlier today	10/13/2014 11:38 AM
23	I had a meeting scheduled at the stand	10/13/2014 10:53 AM
24	MAPP Study Information	10/13/2014 10:49 AM
25	coffee	10/13/2014 10:45 AM

Q2 How long did you spend in the Celgene stand?

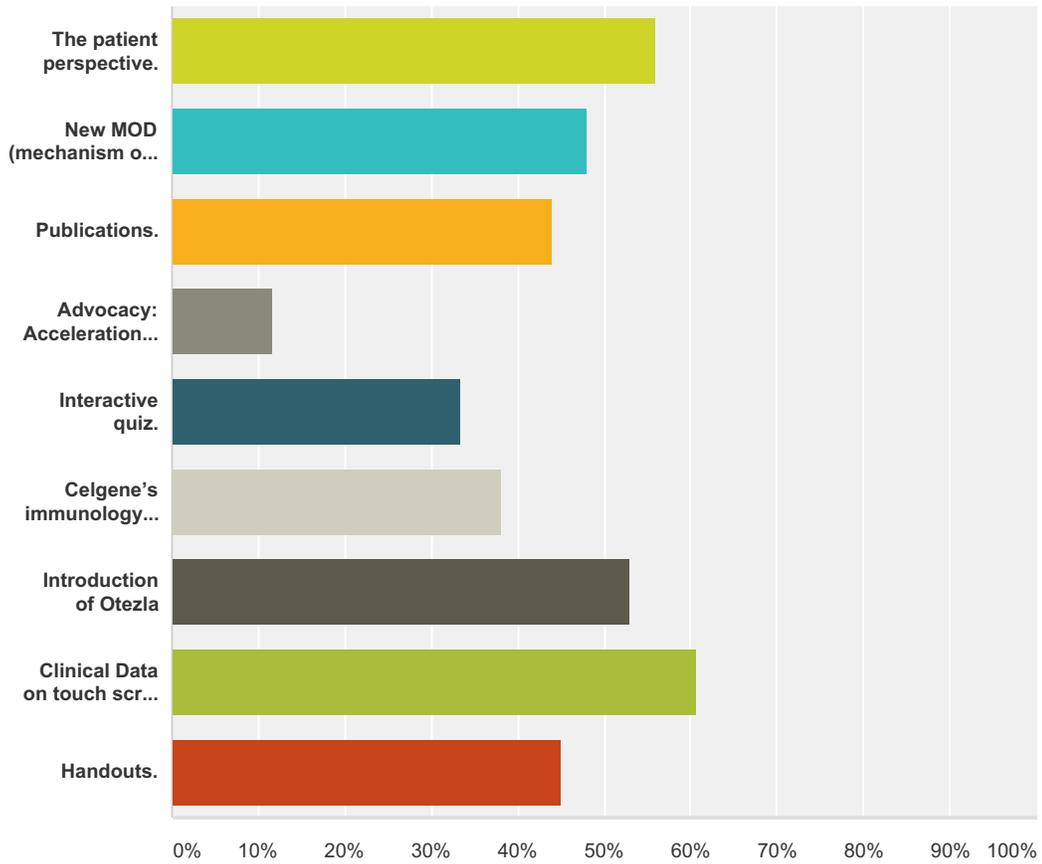
Answered: 100 Skipped: 2



Answer Choices	Responses
Less than 5 minutes.	20.00% 20
More than 5 minutes, less than 10 minutes.	56.00% 56
More than 10 minutes.	24.00% 24
Total	100

Q3 What data presented in the Celgene stand was useful to you?

Answered: 102 Skipped: 0



Answer Choices	Responses
The patient perspective.	55.88% 57
New MOD (mechanism of disease).	48.04% 49
Publications.	44.12% 45
Advocacy: Acceleration action to improve treatment.	11.76% 12
Interactive quiz.	33.33% 34
Celgene's immunology drugs and indications in development.	38.24% 39
Introduction of Otezla	52.94% 54
Clinical Data on touch screen panels.	60.78% 62
Handouts.	45.10% 46
Total Respondents: 102	

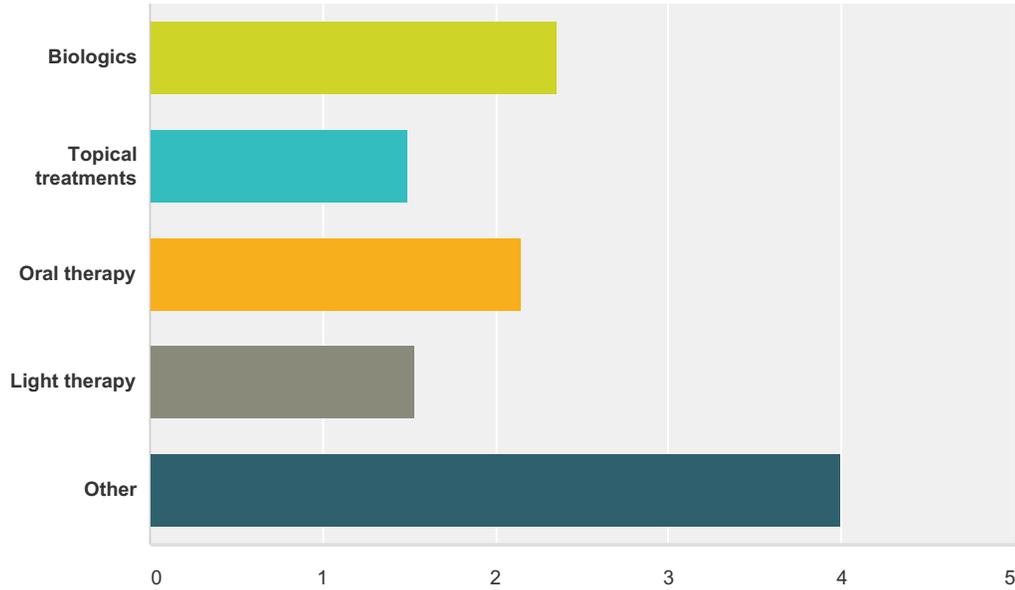
#	Other (please specify)	Date
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EADV

1	video presentaiton	10/14/2014 3:37 PM
2	32 week study DLQ1	10/14/2014 3:35 PM
3	clinical trial results	10/14/2014 3:34 PM
4	evidence	10/14/2014 3:06 PM
5	efficacy numbers	10/14/2014 3:05 PM
6	changed indication	10/14/2014 3:03 PM
7	liked the concept of patient perspective	10/14/2014 2:10 PM
8	There is nothing in Bosnia!	10/14/2014 1:34 PM
9	Impressed with patient perspective studdy	10/14/2014 1:30 PM
10	Infographic	10/14/2014 1:29 PM
11	learning about symposium	10/13/2014 7:10 PM
12	finding out about symposium	10/13/2014 7:04 PM
13	efficacy and safety	10/13/2014 6:58 PM
14	Patient perspective is very impressive/important	10/13/2014 6:56 PM
15	interested in oral therapy	10/13/2014 6:52 PM
16	Phase 3--worked on trials	10/13/2014 6:49 PM
17	MAPP survey	10/13/2014 4:23 PM
18	MAPP survey	10/13/2014 4:16 PM
19	symposium	10/13/2014 11:49 AM
20	I am a study participant	10/13/2014 10:53 AM
21	MAPP survey	10/13/2014 10:50 AM

Q4 Of your moderate to severe psoriasis patients that you personally treat please give the ranking of each of the following as treatment options::

Answered: 99 Skipped: 3



	(no label)	(no label)	(no label)	(no label)	(no label)	Total	Average Rating
Biologics	32.89% 25	22.37% 17	21.05% 16	23.68% 18	0.00% 0	76	2.36
Topical treatments	54.10% 33	42.62% 26	3.28% 2	0.00% 0	0.00% 0	61	1.49
Oral therapy	23.64% 13	38.18% 21	38.18% 21	0.00% 0	0.00% 0	55	2.15
Light therapy	76.47% 26	2.94% 1	11.76% 4	8.82% 3	0.00% 0	34	1.53
Other	0.00% 0	0.00% 0	0.00% 0	100.00% 1	0.00% 0	1	4.00

#	Other (please specify)	Date
1	just starting practice--learning about therapies	10/14/2014 3:21 PM
2	corticosteroids	10/14/2014 3:15 PM
3	works in hospital that has a treatment process	10/14/2014 3:11 PM
4	would not comment	10/14/2014 3:06 PM
5	For long term disease modifying effects	10/14/2014 3:03 PM
6	Follow dutch guidelines	10/14/2014 2:12 PM
7	not specified	10/14/2014 2:01 PM
8	Retinoids	10/14/2014 1:28 PM

EADV

9	non-biologic injections	10/14/2014 1:26 PM
10	In Italy, must do 2 rounds of oral before a biologic can be used	10/14/2014 1:25 PM
11	developed private treatment	10/14/2014 1:20 PM
12	did not specify	10/14/2014 1:16 PM
13	Would use apremilast as add on	10/14/2014 1:15 PM
14	body work	10/13/2014 7:10 PM
15	Only treats PsA	10/13/2014 7:08 PM
16	we have standard modalities	10/13/2014 6:58 PM
17	only hospitals are reimbursed for biologics	10/13/2014 6:56 PM
18	no biologics!-not allowed in private clinic	10/13/2014 6:51 PM
19	Using Stelara and Humira; also used apremilast on patients in trials	10/13/2014 6:49 PM
20	afraid of biologics	10/13/2014 11:38 AM

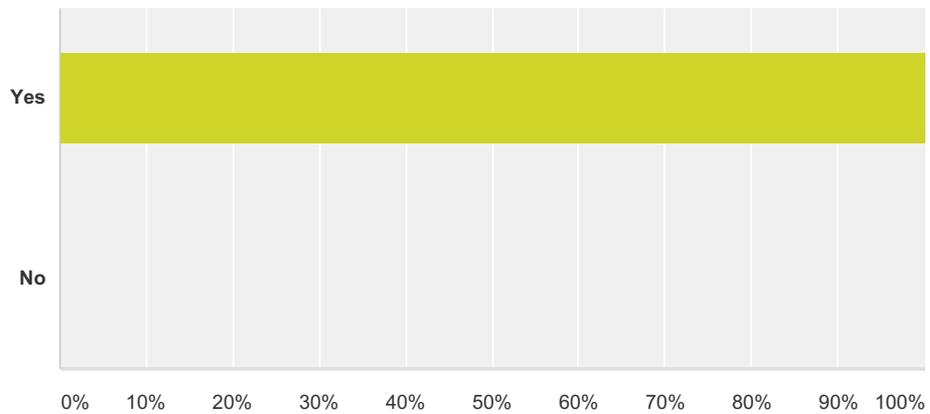
Q5 What additional information do you wish you had received from your visit to the Celgene stand?

Answered: 26 Skipped: 76

#	Responses	Date
1	new treatment option for chronic disease...how/when to introduce	10/14/2014 3:42 PM
2	Price	10/14/2014 3:37 PM
3	MSL will send	10/14/2014 3:35 PM
4	safety and side effects	10/14/2014 3:34 PM
5	head to head with IL-17 (Novartis) Recommend use as mono therapy or combo?	10/14/2014 3:03 PM
6	heard about new product MOA	10/14/2014 2:10 PM
7	When will apremilast be approved in Italy>	10/14/2014 1:25 PM
8	price, availability	10/14/2014 1:22 PM
9	pricing	10/14/2014 1:16 PM
10	more about PsA	10/13/2014 7:08 PM
11	pricing	10/13/2014 7:06 PM
12	Phase 3 results in EMEA	10/13/2014 7:01 PM
13	pricing, efficacy	10/13/2014 4:22 PM
14	Patient preference of delivery method is important to me	10/13/2014 4:20 PM
15	Price	10/13/2014 4:17 PM
16	Price and how dosage will affect price	10/13/2014 4:14 PM
17	availability in Brazil	10/13/2014 11:53 AM
18	availability in Brazil	10/13/2014 11:53 AM
19	concerned about pric	10/13/2014 11:51 AM
20	Pricing	10/13/2014 11:45 AM
21	more about safety and efficacy, other indications	10/13/2014 11:44 AM
22	Cost is very important	10/13/2014 10:59 AM
23	I practice at the IDI hospital in Rome--a hospital for skin disease. We would like to be the first to use apremilast in the EU.	10/13/2014 10:56 AM
24	Pricing--biologics not used in Bulgaria because of price	10/13/2014 10:52 AM
25	Pricing--very expensive in South Africa where 4% of the population suffers from psoriasis	10/13/2014 10:48 AM
26	availability in France	10/13/2014 10:45 AM

Q6 Would you recommend that your colleagues visit the Celgene stand?

Answered: 102 Skipped: 0

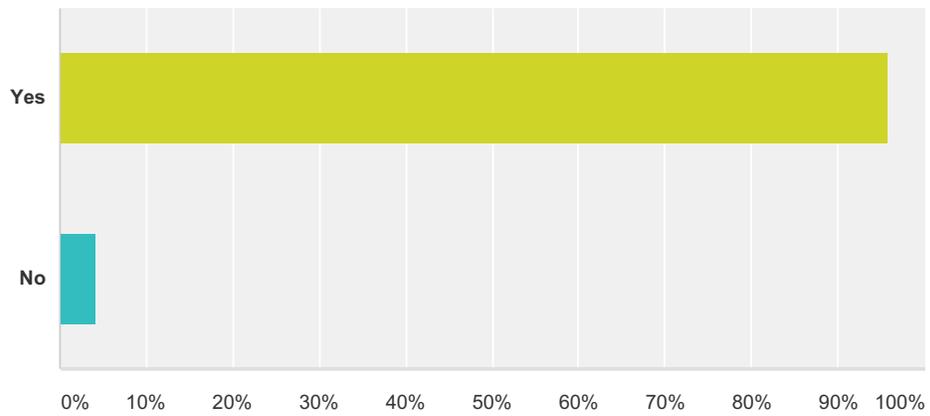


Answer Choices	Responses
Yes	100.00% 102
No	0.00% 0
Total	102

#	Comment	Date
1	liked the patient perspective	10/14/2014 3:40 PM
2	2nd visit to stand	10/14/2014 3:39 PM
3	brought colleague	10/14/2014 3:38 PM
4	love the stand	10/14/2014 3:37 PM
5	Otezla will broaden options	10/13/2014 7:10 PM
6	Price is critical	10/13/2014 4:22 PM
7	Colleague send me over	10/13/2014 10:58 AM
8	to be first in Italy to use apremilast	10/13/2014 10:56 AM

Q7 Did you speak with any company representatives at the Celgene Stand?

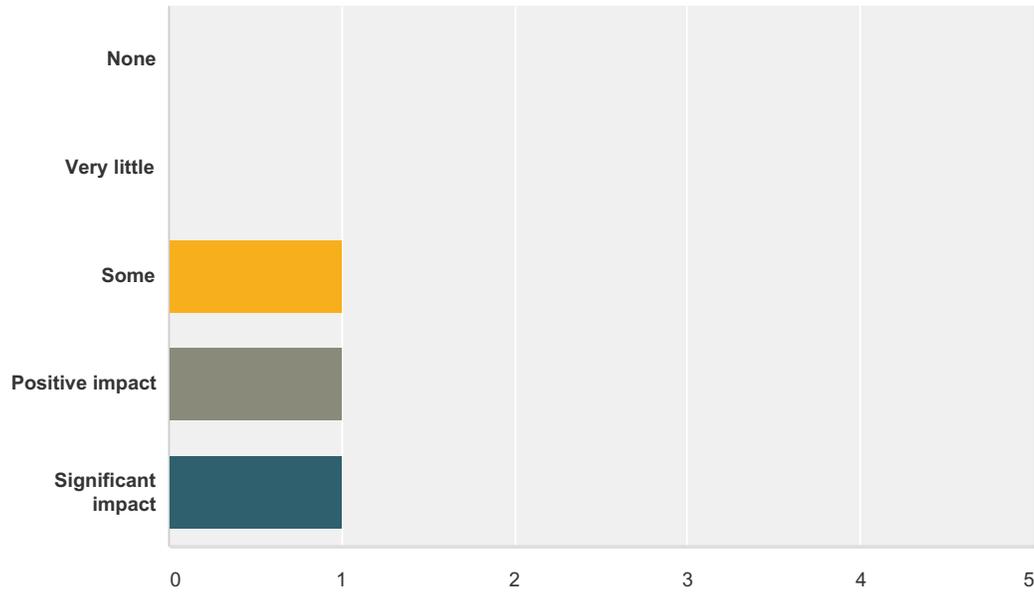
Answered: 98 Skipped: 4



Answer Choices	Responses
Yes	95.92% 94
No	4.08% 4
Total	98

Q8 What impact did your stand experience have on your wanting to learn more about the PDE4 MOA and/or clinical data regarding apremilast (Otezla)?

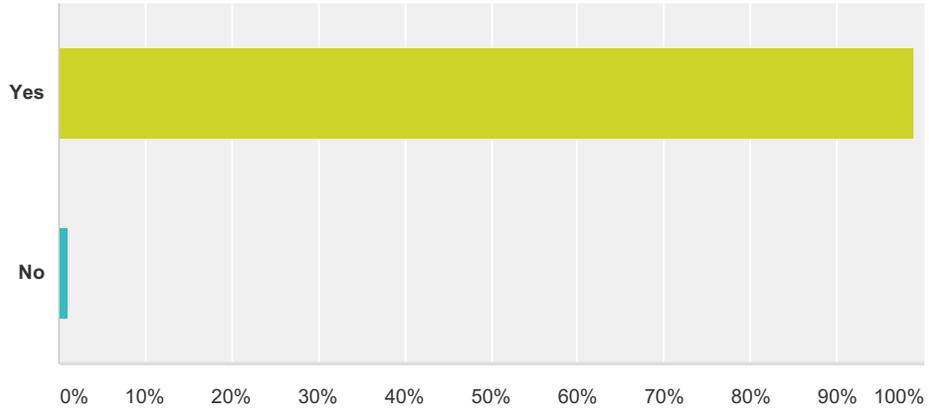
Answered: 102 Skipped: 0



	(no label)	(no label)	(no label)	(no label)	Total	Average Rating
None	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
Very little	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
Some	100.00% 29	0.00% 0	0.00% 0	0.00% 0	29	1.00
Positive impact	100.00% 41	0.00% 0	0.00% 0	0.00% 0	41	1.00
Significant impact	100.00% 32	0.00% 0	0.00% 0	0.00% 0	32	1.00

Q9 Did your experience at the Celgene stand result in a query to the medical affairs contact at Celgene or in picking up additional information at the stand (such as a reprint or info-graphic sheet)?

Answered: 102 Skipped: 0



Answer Choices	Responses
Yes	99.02% 101
No	0.98% 1
Total	102

Q10 Your country

Answered: 102 Skipped: 0

#	Responses	Date
1	Lebanon	10/14/2014 3:42 PM
2	Sweden	10/14/2014 3:40 PM
3	Italy	10/14/2014 3:39 PM
4	Italy	10/14/2014 3:38 PM
5	UK	10/14/2014 3:37 PM
6	US	10/14/2014 3:35 PM
7	Germany	10/14/2014 3:34 PM
8	UK	10/14/2014 3:33 PM
9	France	10/14/2014 3:21 PM
10	India	10/14/2014 3:20 PM
11	Turkey	10/14/2014 3:17 PM
12	Russia	10/14/2014 3:16 PM
13	Russia	10/14/2014 3:15 PM
14	Saudi Arabia	10/14/2014 3:13 PM
15	Pakistan	10/14/2014 3:12 PM
16	Russia	10/14/2014 3:11 PM
17	Turkey	10/14/2014 3:07 PM
18	Germany	10/14/2014 3:06 PM
19	France	10/14/2014 3:05 PM
20	US	10/14/2014 3:03 PM
21	Greece	10/14/2014 2:18 PM
22	Saudi Arabia	10/14/2014 2:17 PM
23	Iran	10/14/2014 2:16 PM
24	Iran	10/14/2014 2:15 PM
25	Brazil	10/14/2014 2:14 PM
26	Brazil	10/14/2014 2:13 PM
27	Netherlands	10/14/2014 2:12 PM
28	Brazil	10/14/2014 2:10 PM
29	Brazil	10/14/2014 2:05 PM
30	Turkey	10/14/2014 2:04 PM
31	Canada	10/14/2014 2:01 PM
32	Greece	10/14/2014 1:59 PM
33	Netherlands	10/14/2014 1:58 PM

EADV

34	Bosnia	10/14/2014 1:34 PM
35	Iran	10/14/2014 1:34 PM
36	Bosnia Herzegovina	10/14/2014 1:33 PM
37	Poland	10/14/2014 1:30 PM
38	Poland	10/14/2014 1:29 PM
39	Poland	10/14/2014 1:28 PM
40	Greece	10/14/2014 1:26 PM
41	Italy	10/14/2014 1:25 PM
42	Mexico	10/14/2014 1:23 PM
43	Bratislava	10/14/2014 1:22 PM
44	India	10/14/2014 1:21 PM
45	India	10/14/2014 1:20 PM
46	Jordan	10/14/2014 1:19 PM
47	Austria	10/14/2014 1:17 PM
48	Bulgaria	10/14/2014 1:16 PM
49	Sweden	10/14/2014 1:15 PM
50	Sweden	10/14/2014 1:13 PM
51	Italy	10/13/2014 7:12 PM
52	Italy	10/13/2014 7:11 PM
53	Germany	10/13/2014 7:10 PM
54	Spain	10/13/2014 7:08 PM
55	India	10/13/2014 7:07 PM
56	Croatia	10/13/2014 7:06 PM
57	India	10/13/2014 7:04 PM
58	Brazil	10/13/2014 7:03 PM
59	Brazil	10/13/2014 7:02 PM
60	UK	10/13/2014 7:01 PM
61	Brazil	10/13/2014 7:00 PM
62	Brazil	10/13/2014 6:59 PM
63	Switzerland	10/13/2014 6:58 PM
64	Italy	10/13/2014 6:56 PM
65	Israel	10/13/2014 6:54 PM
66	Italy	10/13/2014 6:52 PM
67	Italy	10/13/2014 6:51 PM
68	Germany	10/13/2014 6:49 PM
69	Brazil	10/13/2014 6:47 PM
70	Greece	10/13/2014 6:45 PM
71	Germany	10/13/2014 6:44 PM

EADV

72	Kuwait	10/13/2014 4:24 PM
73	Oman	10/13/2014 4:23 PM
74	UK	10/13/2014 4:22 PM
75	Italy	10/13/2014 4:20 PM
76	Canada	10/13/2014 4:18 PM
77	Russia	10/13/2014 4:17 PM
78	Portugal	10/13/2014 4:16 PM
79	Portugal	10/13/2014 4:15 PM
80	France	10/13/2014 4:14 PM
81	Germany	10/13/2014 4:11 PM
82	Brazil	10/13/2014 11:53 AM
83	Brazil	10/13/2014 11:53 AM
84	Korea	10/13/2014 11:51 AM
85	Germany	10/13/2014 11:50 AM
86	Argentina	10/13/2014 11:49 AM
87	Argentina	10/13/2014 11:48 AM
88	Germany	10/13/2014 11:45 AM
89	Finland	10/13/2014 11:44 AM
90	Netherlands	10/13/2014 11:42 AM
91	UK	10/13/2014 11:41 AM
92	Germany	10/13/2014 11:39 AM
93	Germany	10/13/2014 11:38 AM
94	India	10/13/2014 10:59 AM
95	Italy	10/13/2014 10:58 AM
96	Italy	10/13/2014 10:56 AM
97	Germany	10/13/2014 10:53 AM
98	Bulgaria	10/13/2014 10:52 AM
99	Spain	10/13/2014 10:50 AM
100	Spain	10/13/2014 10:49 AM
101	South Africa	10/13/2014 10:48 AM
102	France	10/13/2014 10:45 AM