

Case Management Society of New England

2 Nashua Rd.

Pelham, NH 03076

Tel.: 603-329-7481 Fax: 888-314-7375

Email: CMSNE@comcast.net

Website: www.CMSNE.org

Policy # 10-96 Revision

Date: 10/21/11 revised

Policy:

Hosting a CMSNE Chapter Meeting and/or sponsoring an Educational Program Form

Purpose:

- To provide a means for providers to communicate their interest and intent to underwrite the cost of a CMSNE chapter meeting and/or extension meeting by hosting a meeting site and/or sponsoring an educational program.
- To provide a central location for tracking providers who are interested in hosting/sponsoring a meeting or educational program.
- To obtain new potential leads for Corporate Sponsorship.
- To increase the number of prospective Sponsors/exhibitors for CMSNE's Annual conference.
- To provide a fair and equitable opportunity for providers requests to be reviewed and consider by the appropriate program committees.
- To provide an avenue of communication by and between the Executive Director of CMSNE and the various program committee members.
- To assist the program committees in identifying available sites, topics and sponsors for their educational meetings.

Scope:

The opportunity to host a chapter meeting and or sponsor an educational program is available to providers whose products or services directly or indirectly affect the role of the Case Manager. Such organizations may include current and past conference exhibitors, corporate sponsors, prospective corporate sponsors, and providers of products and services.

Policy:

It is the Policy of the Case Management Society of New England to provide a system to track and centralize all providers interested in hosting/sponsoring a meeting or education program as follows:

- Anyone wishing to host a CMSNE chapter or extension meeting and/or sponsor an educational program must complete a "Host a Meeting Form" and submit it to CMSNE's Executive Director, at the chapter office via fax, US Mail or email.

- The Executive Director will forward the request to the designated program committee chairpersons within 15 days of receiving the request.
- Any request made by a CMSNE Corporate Sponsor will be marked as Corporate Sponsor prior to submitting to the program committees.
- The program committee chairperson will share the request with the program committee for review and consideration.
- The program committee will inform the Executive Director of their intent to accept a request upon doing so.
- The Executive Director will keep record on the request sheet of what is being provided to whom, along with a date.
- Acceptance of a site or program does not imply CMSNE's endorsement of the site, program or the provider's products and services.
- CMSNE Program Committee has the right to determine if the request is in keeping with CMSA/CMSNE's mission.
- The Program committee or Executive Board has the right to refuse any request to host a meeting or sponsor an educational program.
- Should a request be refused, the Executive Director will notify President who will in turn speak with the provider who made the request.
- Requests are approved strictly on the discretion of the program committee and stated needs of the membership, however requests made by CMSNE's Corporate Sponsors will be considered preferential.
- Requests are considered active unless otherwise indicated by the requester.
- No marketing activities will be permitted by the provider/program sponsor during either the CMSNE business meeting or the educational presentation. The provider may display an exhibit booth in the hallway or separate room with promotional materials if desired. Any additional expense incurred for space, materials or miscellaneous expenses for an exhibit will be the sole responsibility of the provider.
- One provider/program sponsor sign (poster size) may be posted at the entrance to the meeting room or adjacent to the refreshments.
- The contribution by the provider/program sponsor may be provided in many ways; sponsorship may include but will not be limited to provision of the speaker, educational contact hours, program insert and/or refreshments/meals. - Sponsorship reimbursement may be obtained via the completion of an Educational Grant payable to CMSNE or the sponsor can cover the expenses directly themselves. Sole sponsorship of the meeting is 100% of facility expenses, paid directly to the site.

Signed off:  Susan B. Madden RN-BC, BSN, CCM

Date: 10/21/11

Would You Like to Host a CMSNE Chapter Meeting and/or Sponsor an Educational Program?

In order to keep fees for CMSNE chapter meetings and educational programs at reasonable or free rates for our members, CMSNE is seeking your support for future meetings in MA, ME, NH, RI and VT. The following information will be distributed to the appropriate Program Committee members for their review and consideration.

Yes, we would like to sponsor a meeting.

We are also interested in sponsoring a speaker for the following topic(s): Please list topic areas and attach a brief abstract about each topic (please include the length of the Program(s), list the contact hours this program is approved for or indicate if it does not have contact hour approval, and state the area(s) of New England you are willing to sponsor this speaker):

Yes, our company/facility has space available to host a meeting. How many people can you accommodate in your available space? Please check the type of room set-up and indicate the number of people it can accommodate. *(Please check all that apply.)*

- | | |
|--|------------------------------|
| <input type="checkbox"/> Auditorium | Total Number of People _____ |
| <input type="checkbox"/> Theater (Chairs only) | Total Number of People _____ |
| <input type="checkbox"/> Round Tables of Six People | Total Number of People _____ |
| <input type="checkbox"/> Board room | Total Number of People _____ |
| <input type="checkbox"/> Classroom (Tables and Chairs) | Total Number of People _____ |

Do you have room for lunch/dinner?	Yes	No
Can we use the same room for lunch/dinner?	Yes	No
Do you have catering?	Yes	No If no,
Can arrangements be made to have a snack/meal brought in?	Yes	No
Will you be sponsoring the snack/meal?	Yes	No

Name of facility and location: _____
Please attach a list if you have multiple locations.

No, our company/facility does not have meeting space but we would like to host a meeting at a hotel. We have designated a budget of _____ for the meeting space and appropriate meal.

No, we do not have a program/speaker lined up, but would like to sponsor a program.

Who should the Chapter contact in order to reserve a program or meeting space?

Name: _____
Title: _____
Phone Number: _____ FAX: _____
Email: _____
Company/Facility: _____
Address: _____
City: _____ State: _____ Zip: _____

We look forward to working with you. Please complete this form and FAX or mail to: CMSNE, 2 Nashua Rd., Pelham, NH 03076. Phone: 603-329-7481, Fax: 888-314-7375, or email to CMSNE@comcast.net. If you have any questions please feel free to call. Thank you for your consideration. CMSNE reserves the right to make the final decision on selection of the location and speaker based on the needs of its membership. Acceptance of a site or program does not imply CMSNE's endorsement of the site, program or the sponsor's product.

For office use only:

CMSNE Corporate Sponsor CMSNE Program Chair ME RI NH VMA VT

Date: _____

Name: _____