

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

March 2018

Dear Prospective Sponsor:

The Case Management Society of New England would like to offer the opportunity to sponsor and participate in our upcoming conference, *CMSNE's Annual Hospital Based Case Management Conference, Mastering the Concepts to Assure Patient Success Across the Continuum*, being held on Saturday, April 28th at The Forefront Convention Center, 404 Wyman St., Waltham, MA. This conference is completely dedicated to meeting the educational needs of hospital based case managers and we anticipate 100 attendees at this program. If you are interested in participating as a sponsor please contact the CMSNE so that we can confirm your slot, last year we sold out fast and early, don't miss your opportunity to join us this year.

This year we are pleased to again offer two sponsorship opportunities, one is to attend the conference, display and network with our attendees, the other offers the opportunity to provide CMSNE with marketing materials that will be inserted into the attendee packet. Both opportunities provide the sponsor with recognition on all marketing materials associated with the program, a description of your company's products and services in the conference packet and an attendee list including address and phone of the case managers attending.

Sponsors choosing to exhibit will receive a 6-foot skirted exhibit table. Exhibit tables will be set up around the perimeter of the meeting area. Sponsor may set up their displays at 7:30 am on the morning of the 29th. **Assignment of booths is on a first come basis and tables will not be marked with your company name.** Space is limited to 10 onsite exhibitors.

Should you have any questions prior to the conference, please feel free to contact Maureen Ferguson at the CMSNE office. Thank you for your contribution to making this conference a success!

With Sincere Appreciation,

Hospital Based Conference Committee
CMSNE

Attachments

Case Management Society of New England
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Email: CMSNE@comcast.net www.CMSNE.org
Federal Tax ID #04-3159207

CMSNE's Annual Full Day Educational Program for Hospital Base Case Managers

Program Sponsor Agreement
Saturday, April 28, 2018
Forefront Meeting and Conference Center, 404 Wyman St., Waltham, MA

CMSNE is providing two opportunities for sponsors at our annual Hospital Based Case Management Conference.

- The opportunity exhibit and provided information on your company's products and services. All sponsors who choose to exhibit will have a six foot table as a display area and will also receive one conference tuition, lunch, a description of your company/service in the packet for the event and an attendee listing. Sponsor's logo will also appear on program flyer and marketing materials. **The cost is \$450 payable directly to CMSNE. (Limited to 10 sponsors)**

- Sponsors unable to attend the program but interested in sharing their materials as a conference insert will be able to ship their materials to CMSNE and have them inserted directly into the attendee's conference packet. (Materials to include written materials as well as give-away items) Sponsors who choose this option will be provided a description of your company/service in the packet for the event and an attendee list post conference. Sponsor's logo will also appear on program flyer and marketing materials. Insert marketing materials need to be received by CMSNE no later than 4/21/18. **The cost is \$150 payable directly to CMSNE.**

Payment must be received no later than 4/3/18

Please select the appropriate option and provide the following information on how you would like your company to appear in conference literature:

Name of Company: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Name: _____
Title: _____
Telephone: _____ FAX: _____
E-mail: _____ Website: _____

Attach a brief description of services and/or products, not to exceed 50 words. This will appear in the final conference program.

Signature Company Representative

Date

For Credit Card Payments, please provide the following information:

Type: V, MC, AMEX Card #: _____ Exp. Date: _____ Security Code: _____

Total Amount to be Charged: _____

Name as it appears on the Card: _____

Billing address as it appears on the credit card statement:

Address: _____

City: _____ State: _____ Zip Code: _____