

*Case Management Society of New England*  
74 Buckboard Rd., Duxbury, MA 02332  
Tel: 603-329-7481  
Email: [CMSNE@CMSNE.org](mailto:CMSNE@CMSNE.org) Website: [www.CMSNE.org](http://www.CMSNE.org)

Dear Prospective Sponsor:

The Case Management Society of New England would like to offer the opportunity to sponsor and participate in our upcoming conference focusing on Caring for Our Frail Elders being held on Saturday, November 2, 2019 at Newbridge on the Charles, Dedham, MA. This conference is completely dedicated to meeting the educational needs of case managers in relationship to caring for our frail elders and we anticipate 50-75 attendees at this program. If you are interested in participating as a sponsor please contact the CMSNE so that we can confirm your slot, don't miss your opportunity to join us.

We are pleased to 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 in close proximity of the meeting room. Sponsor may set up their displays at 7:30 am on the morning of the 2nd. **Assignment of booths is on a first come basis and tables will not be marked with your company name.** Space is limited to 8 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,

Caring for Elder Conference Committee  
CMSNE

Attachments

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**Federal Tax ID #04-3159207**

**4<sup>th</sup> Annual Caring for Our Frail Elders Conference**

**Program Sponsor Agreement**  
**Saturday, November 2, 2019**  
**Newbridge on the Charles, Dedham, MA**

CMSNE is providing two opportunities for sponsors at our Caring for Frail Elders 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 \$350 payable directly to CMSNE. (Limited to 8 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 10/27/19. **The cost is \$150 payable directly to CMSNE.**

**Payment must be received no later than 10/4/19.**

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: \_\_\_\_\_