



**Case Management Society of New England**

74 Buckboard Rd., Duxbury, MA 02332

Tel: 603-329-7481

Federal Tax Identification: 04-3159207

Email: [CMSNE@CMSNE.org](mailto:CMSNE@CMSNE.org) Website: [www.CMSNE.org](http://www.CMSNE.org)

Dear Prospective Exhibitor:

CMSNE is pleased to announce that we will be offering on Wednesday, April 26, 2023 our ***CMSNE's 24<sup>th</sup> Annual Building Strategies for Success Conference, Case Becoming the Healthiest, Best Possible You: Managing Emotional Stress of Case Management in This Everchanging Healthcare Environment*** at the beautiful Granite Links Golf Course in Quincy, MA.

Your support and participation will provide us with the ability to not only enhance our member benefits at minimal cost, but help to provide the attendees with important self-care skills that will enrich their personal and professional life.

As an exhibitor, you will receive tuition and lunch for one company representative with exhibit space and time to promote your services to the audience. In addition, organization/company will be listed as an exhibitor on all conference marketing materials that are distributed to over 4000 Case Managers throughout New England, on our chapter website and our social media platforms, as well as included in a rotating slide presentation at the event.

Space is limited to 14 exhibitors. We are excited for your participation in this activity. Attached is the agreement form for you to complete.

Thank you again for your support. Please call the chapter office at 603-329-7481 if you should have any questions.

Sincerely yours,

CMSNE Annual Building Strategies Conference Committee



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***CMSNE's 24<sup>th</sup> Annual Building Strategies for Success Conference  
Becoming the Healthiest, Best Possible You: Managing Emotional Stress of Case  
Management in This Everchanging Healthcare Environment  
Wednesday, April 26, 2023  
Granite Links Golf Course, Quincy, MA***

CMSNE is accepting exhibitors/vendors to help offset the cost of conference expenses. All who choose to participate with the payment of \$800, payable directly to CMSNE, will be acknowledged with the following benefits: Tuition and lunch for one company representative with exhibit space and time to promote your services to the audience. Your organization/company will be recognized as an exhibitor/sponsor on all conference marketing materials that are distributed to over 4000 Case Managers throughout New England, included on our chapter website and our social media platforms, as well as displayed in a rotating slide presentation at the event.

**Commitment to participate must be received by the CMSNE office by 3/31/23 in order to guarantee your participation on the conference brochure.**

Please 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

**Credit Card Payment Information:**

Type: (V, MC, AMX, Discover) \_\_\_\_\_ Card #: \_\_\_\_\_  
Expiration 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 (if different from above):  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_