

HEALTH 3.0

KANSAS HEALTH INFORMATION TECHNOLOGY CONFERENCE 2009

Exhibitor Opportunities

BOOTH @ WIRED LEVEL - \$500

- One full day of exhibiting
- 8 ft. skirted table & 2 chairs
- Location in main traffic area of conference
- Reach 200 health care professionals
- Complimentary meals for two organization/agency representatives
- Happy Hour ending to conference day in exhibit area

BOOTH @ WIRELESS LEVEL - \$750

- All WIRED LEVEL benefits, plus:
- Company/Agency name included on conference web site
- Complimentary registration for two representatives to all sessions & meals

BOOTH @ CYBER LEVEL - \$1,000

- All WIRELESS LEVEL benefits, plus:
- Logo & slogan projected on screen in main meeting room
- Name/message announcement by MC between sessions in main meeting room

Sponsorship Opportunities

KEYNOTE SPEAKER SPONSORSHIP - \$2,500

- Your company name included in introduction of speaker
- Logo table-tents on each table or large logo up front
- Your promotional items can be available at each table (no loose paper)
- Acknowledgement in electronic conference materials

MEAL SPONSORSHIP(S) - \$2,000 (4 available)

- Same benefits as speaker sponsor (except no speaker introduction)
- 1st Day Breakfast
- 2nd Day Breakfast/Roundtables
- 1st Day Lunch
- 2nd Day – Box Lunches (can apply sticker to box if desired)

BREAK SPONSORSHIP(S) - \$1,000 (3 available)

- Make promotional items available (no loose paper)
- Logo table-tents or large logo
- Acknowledgement in electronic conference materials

TECHNOLOGY SPONSORSHIP(S) - \$1,500 (3 available)

- Your promotional items made available to attendees (no loose paper)
- Logo & slogan projected on screen in main meeting room
- Acknowledgement in electronic conference materials

CONTACT: Gordon Alloway at (913)588-2257 or Galloway@kumc.edu with questions or requests.

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KANSAS HEALTH INFORMATION TECHNOLOGY CONFERENCE 2009

July 14-15, 2009

Airport Hilton, Wichita, KS

Exhibitor Information

To reserve exhibit space, please complete the registration form by **June 23, 2009**. **Please note: Exhibit space is not reserved until payment is received.** Exhibit space is assigned on a "first come, first served" basis. Payment should be made payable to **KUMC AHEC** and mailed, along with the registration form, to:

KUMC AHEC, PO Box 296, Pittsburg, KS 66762
(620) 235-4040 (phone); (620) 235-4041 (fax)

Booth Levels Available:

WIRED LEVEL - \$500

- Single day or 1½ days of exhibiting (*YOUR choice!*)
- 8 ft. skirted table & two chairs
- Location in main traffic area of conference
- Reach 200 health care professionals
- Complimentary meals for two organization/ agency representatives
- Happy Hour ending to conference day in exhibit area

WIRELESS LEVEL - \$750

- All WIRED LEVEL benefits, plus:
- Company/Agency name included on conference web site
- Complimentary registration for two representatives to all sessions & meals

CYBER LEVEL - \$1,000

- All WIRELESS LEVEL benefits, plus:
- Logo & slogan projected on screen in main meeting room
- Name/message announcement by MC between sessions in main meeting room

Exhibit Times:

Exhibitors may set up on Tuesday, July 14, from 6:00-9:30 a.m. and take-down on July 14 after 6:00 p.m. or July 15 after 12 noon.

Description of your company:

Please send a 25-word or less description of your company and/or service, along with the registration form, by **June 23**.

Cancellation Policy:

Exhibits may be cancelled and the fee will be refunded, minus a \$25.00 administrative fee, through June 19. After that time, no refunds will be made.

Exhibitor Registration Form

Please return form and company description by June 23, 2009.

Company Name _____

Mailing Address _____

Phone _____ Fax _____

Please list the person you want to receive all conference information:

Contact Name _____

Mailing Address _____

Phone _____ Cell phone _____ E-mail _____

Exhibit Space Requested: **WIRED LEVEL - \$500** **WIRELESS LEVEL - \$750** **CYBER LEVEL - \$1,000**

Will need electrical outlet - *Electricity (one 110 volt outlet) is available at no additional fee, but must be requested no later than 6/23/09.*

Payment Method (please note: exhibit space will not be reserved until payment is received):

Check - make payable to **KUMC AHEC**

Credit card: Mastercard Visa

Card number _____ Exp. date _____

Amount authorized _____

Signature on card _____ Please print name _____

Return Form to: KUMC AHEC, PO Box 296, Pittsburg, KS 66762

CONTACT: Gordon Alloway at (913)588-2257 or Galloway@kumc.edu with questions or requests.