

NOSORH Annual Meeting

Celebrating the Power of Rural!

An Invitation to Join Us

The National Organization of State Offices of Rural Health, the membership organization of all 50 State Offices of Rural Health, invites non-profit organizations and corporate partners who share in our mission to improve rural health to attend, exhibit and be recognized at the NOSORH Annual Meeting in Denver, September 6-8.

Sponsors and exhibitors will have ample opportunity to meet State Office of Rural Health (SORH) staff members, ORHP staff and other meeting participants during breaks, social activities, and our reception on Tuesday evening. Your organization's participation and support will also be recognized throughout the meeting.

Exhibitor and Sponsors Opportunities

The following chart details the opportunities available to showcase your organization during the conference and throughout the year, as a NOSORH partner.

	Non-profit Exhibitor	Corporate Partner Sponsors			
		General	Silver	Gold	Platinum
Contribution Level	\$1,000	\$2,000	\$2,500	\$5,000	\$10,000 or more
Conference paraphernalia	N/A	N/A	Your logo on any conference bags or other paraphernalia	Prominent on any conference bags or other paraphernalia	Customized room key, candy bar or cookie
NOSORH list serve use	N/A	N/A	N/A	N/A	Yes
Presentation during conference	N/A	N/A	N/A	Yes	Yes
Links to your website on the NOSORH website	N/A	N/A	Yes	Yes	Yes
Focus group	N/A	N/A	N/A	N/A	With NOSORH Executive Committee
Webinar	N/A	N/A	N/A	N/A	1.5 hour webinar with SORH and partners
Conference registration	1 person	1 person	1 person	1 person	2 persons
All optional meeting dinners & activities	1 person	1 person	1 person	1 person	2 persons
Table display	Yes	Yes	Yes	Prominent	Most favorable
Printed program	Listed	Listed	Quarter page	Half page	Full page
Other recognition	General	General	NOSORH Awards Luncheon	NOSORH Awards Luncheon	NOSORH Awards Luncheon
Associate membership: Includes newsletters, committee, and meeting discounts	Yes	Yes	Yes	Yes	Yes

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Exhibitor and Sponsors Guidelines

Table Display

Each Table Display will include:

- 6' table space during the conference
- Skirted table with 2 chairs
- ID sign (8.5" H x 11" W)
- Recognition in the conference materials

Digital Submission

All logos must be submitted as digital files and may be sent on disc or emailed. Artwork for print can be submitted in the following formats: EPS, TIFF, and JPEG, OR PDF. Resolution for jpg files must be 240 dpi or greater. Files may be received in their original formats (PC only) using the following software packages: Publisher, Photoshop, Illustrator and Corel Draw. All fonts should be converted to paths or necessary font should be submitted with the artwork.

Artwork must be submitted by: August 8, 2011

Exhibitor and Sponsors Rules & Regulations

ASSIGNMENT OF SPACE: Space assignments will be based on level of sponsorship and on a first-paid, first-served basis. NOSORH reserves the right to make such changes to the floor plan of displays as may be deemed necessary.

FEES AND PAYMENT: Applications will NOT be processed or space assigned without the required payments or purchase order. All applications must be accompanied by either full payment or purchase order and paid within 30 days of receipt of invoice. NOSORH retains the option of returning funds.

CANCELLATION: Cancellation of sponsorship space must be directed in writing to NOSORH, 44648 Mound Rd., #114, Sterling Heights, MI 48314 or email to donna@nosorh.org

INSTALLATION AND DISMANTLING:

Tuesday, September 6 - before 5:00 PM (Display set-up)

Wednesday, September 7 - before 8:00 AM (Display set-up)

Thursday, September 8 - after 4:00 PM (Display dismantle)

Times subject to change upon notification by NOSORH

SHIPPING: Approximately 15 days prior to the conference NOSORH will send each sponsor a confirmation with conference information and shipping instructions needed during the installation and removal of displays.

HOTEL INFORMATION: Grand Hyatt Denver is providing special group rates for the participants of the NOSORH conference. **The discounted rates are offered through August 16, 2011.**

Rate: \$141 per night (single occupancy)

Grand Hyatt Denver | 1750 Welton Street | Denver, CO 80202 | (800) 233-1234

To reserve your hotel accommodations, please call the hotel's reservation line. To receive the special discounted rate, be sure to indicate that you are attending the NOSORH Annual Meeting.

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September 7-8, 2011 | Denver, Colorado



NOSORH Annual Meeting September 7-8

EMS Learning Session September 8-9

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AGENDA (Draft)

NOSORH Annual Meeting		EMS Learning Session
Tuesday, September 6	Thursday, September 8	Thursday, September 8
5:00 PM <i>Registration & Reception</i>	8:00 AM <i>Breakfast</i> Partnership Building with the VA, USDA, Indian Health Board and others Collaboration with For-Profit Entities - Sponsor Session	5:00 PM <i>JCREC Dinner Meeting</i> 5:30 PM Welcome & Introductions NOSORH Program Discussion NASEMSO Program Discussion History of JCREC, Strategic Plan and Workplan 7:00 PM Adjourn
Wednesday, September 7	10:30 AM <i>Break</i> Capacity Building & Promising Practices Breakouts A) SORH Models for Building RHC and FQHC Collaboration B) Partnering for Resource Development C) Spending Down a Budget Surplus Community Capacity Breakouts A) Building Community Leadership B) Modeling Community Connections C) Community Benefit	Friday, September 9
8:00 AM <i>Breakfast</i> Opening - Welcome to Colorado NOSORH Update Power of Rural 10:30 AM <i>Break</i> ORHP Update 12:00 PM <i>Lunch</i> "Chasing Zero: Winning the War on Healthcare Reform" with Sue Sheridan <i>Lunch</i> 2:00 PM <i>Break</i> Performance Measures Exploring the Leadership Roles of SORHs within NRHA 4:30 PM <i>Group Photo & Adjourn</i> 6:30 PM <i>Optional Group Dinner</i>	12:30 PM <i>NOSORH Awards Luncheon</i> Town Hall Meeting NOSORH Policy Update NOSORH Business Meeting 4:00 PM Adjourn	7:30 AM <i>Breakfast</i> EMS Workforce JCREC Survey / Next Steps NASEMSO Workforce Project Community Paramedicine 9:30 AM <i>Break</i> NOSORH / EMS Collaboration Rural Development 12:00 PM <i>Lunch</i> Rural Development (cont'd) JCREC Workplan Action Items 2:45 PM Adjourn

FOR MORE INFORMATION CONTACT:

Cari Fouts
(303) 565-5847
cf@coruralhealth.org

Donna Pfaendtner
(586) 336-4627
donna@nosorh.org

Stephanie Hansen
(208) 375-0407
steph@nosorh.org

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EXHIBITOR AND SPONSOR APPLICATION

Non-profit Exhibitor and Sponsorship - Please refer to the opportunities section Amount: \$ _____

- Platinum (\$10,000) Gold (\$5,000+) Silver (\$2,500+) General (\$2,000) Exhibitor (\$1,000)
Non-profit only

Exact name of organization for listing and signage (text only - no logos)

Display Information

- Electric hook-up (additional charges) Internet connection (additional charges) Other _____

Submission of this application to exhibit implies consent to the items, conditions, and regulations governing exhibits. The Exhibitor/Sponsor agrees to abide by all rules, requirements, restrictions, and regulations as set by Conference Management. Failure to abide by such rules and regulations results in forfeiture of all monies paid by or due from Exhibitor/Sponsor.

Total: \$ _____

Method of Payment

- Check (Make payable to NOSORH)
 Purchase Order, payable within 30 days of receipt of invoice
 Credit card, contact Donna Pfaendtner for more details donnap@nosorh.org

Contact Person Information (please print or type)

First Name	_____	Last Name	_____	Email	_____
Organization	_____				
Address 1	_____				
Address 2	_____				
City	_____	State	_____	Zip/Postal	_____
Phone	_____	Fax	_____		

Brief one or two sentence description of services/products offered by your organization:

Please send this completed form with payment to NOSORH, 44648 Mound Rd., #114, Sterling Heights, MI 48314
Phone: 586-336-4627 | Fax: 586-336-4629 | Email: donnap@nosorh.org

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NOSORH Annual Meeting September 7-8
EMS Learning Session September 8-9

Sponsor/Exhibitor Registration Form

PLEASE TYPE OR PRINT LEGIBLY (Please complete one form per person)

First Name: _____
(as you prefer on the name badge)

Last Name: _____

Title: _____

Organization: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip/Postal: _____

Phone: _____ Email: _____

MEETING REGISTRATION FEES (PLEASE CHECK ALL THAT APPLY)

NOSORH Meeting fee September 7-8 th	EMS Learning Session fee September 8-9 th	Optional activity fees* Evening of September 7 th
<input type="checkbox"/> \$ 350 per additional representative	<input type="checkbox"/> \$115 per person Includes registration for EMS Learning Session only and dinner September 8 th .	<input type="checkbox"/> Dinner at Wynkoop Brewery <input type="checkbox"/> Picnic dinner & baseball game at Coors Field *NO Charge for sponsors and exhibitors

Total Due: \$ _____

- Make checks payable to NOSORH: To make payment by purchase order, credit card, or for other inquiries contact Donna Pfaendtner, Administrative Coordinator, at donnap@nosorh.org (586) 336-4627.
- Sponsors and exhibitors MUST use the sponsor/exhibitor registration form. Note: NOSORH may not accept registrations from corporate attendees who are not sponsors.

MEALS (Please assist us in making an accurate meal count, indicate which meals you plan to attend.)

Tuesday, September 6	Wednesday, September 7	Thursday, September 8	Friday, September 9
<input type="checkbox"/> Reception	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Breakfast
	<input type="checkbox"/> AM Break	<input type="checkbox"/> AM Break	<input type="checkbox"/> AM Break
	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch
	<input type="checkbox"/> PM Break	<input type="checkbox"/> PM Break	
		<input type="checkbox"/> Dinner (EMS Session attendees only)	
Special Meal Requests: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten Free <input type="checkbox"/> Other (please specify)			

REFUND POLICY: The registration deadline is August 16, 2011. Full refunds are available prior to August 22, 2011 upon written request. After this date you may send an alternate attendee to the event without additional charge. To request a refund, or to make a change contact Donna Pfaendtner at donnap@nosorh.org

Please send this completed form with payment to:
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Fax: 586-336-4629 | Email: donnap@nosorh.org