



*best practices for better outcomes*

**Women's Health 2014: The 22<sup>nd</sup> Annual Congress**  
**April 4–6, 2014 • Grand Hyatt • Washington, DC**  
[www.academyofwomenshealth.org/conference](http://www.academyofwomenshealth.org/conference)

## 2014 Supporter & Exhibitor Opportunities



- ◆ Welcome Letter
- ◆ Supporter Opportunities
- ◆ Exhibitor Opportunities
- ◆ Supporter & Exhibitor Reservation Form
- ◆ Supporter & Exhibitor Payment Form



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Dear Colleague,

The Academy of Women's Health invites you to support our effort to meet the health care needs of women by keeping the professional community of clinicians, educators, and policy makers informed and up-to-date about the field of women's health. According to the Institute of Medicine, *a workforce of knowledgeable health professionals is critical to the discovery and application of health practices to prevent disease and promote well-being.*

We hope you will consider support for **Women's Health 2014: The 22<sup>nd</sup> Annual Congress** from April 4-6, 2014 in Washington, DC. Recognized as the most vital and comprehensive women's health conference, the Congress will provide continuing education about diseases, disorders, and conditions that uniquely affect women across the lifespan. World class speakers will bring the most current evidence-based knowledge to nearly 1,000 physicians and other health care providers, making it immediately applicable to clinical practice.

The Congress is presented by the Academy of Women's Health, its official peer-reviewed *Journal of Women's Health*, and the VCU Institute for Women's Health. The generous support received from public agencies, foundations, nonprofits, and corporations, has helped to sustain the mission of the Congress for over two decades and to assure that it meets the needs of health care leaders and providers across disciplines, specialties, and practice settings.

Please see the enclosed Supporter & Exhibitor Opportunities and choose from the different levels, each having a range of important benefits for you. We would also be happy to tailor a role for your organization at the Congress that best features your work. Organizations interested in providing CME support should contact me directly as the Supporter & Exhibitor Opportunities may vary. We ask for your support for this year's Congress so that we can continue and advance initiatives to improve women's health. Please let me know if you need any additional information.

Many thanks,

A handwritten signature in black ink that reads "Karla".

Karla Shepard Rubinger  
Executive Director

**Questions? Contact Us**

Academy of Women's Health  
140 Huguenot Street  
New Rochelle, New York 10801  
phone: 914-740-2128 fax: 914-740-2101  
[awh@academyofwomenshealth.org](mailto:awh@academyofwomenshealth.org)  
[www.academyofwomenshealth.org](http://www.academyofwomenshealth.org)

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## Featured Supporter Opportunities

Opportunities	Features include	
<b>Lead Supporter</b> \$90,000 - \$130,000	<ul style="list-style-type: none"> <li><b>Special (custom) recognition at Dinner &amp; Reception</b></li> <li>Custom promotional opportunities including key positioning on all worldwide press releases</li> <li>Prime recognition on all printed materials</li> <li>Logo and attribution on printed program cover and in <i>Journal of Women's Health</i></li> <li>Input for award/honoree selection</li> <li>Ten complimentary conference registrations &amp; ½ price additional registrations</li> <li>Public presentation of recognition plaque</li> <li>Plus all supporter benefits listed to the right</li> </ul>	<p style="color: #e91e63; font-weight: bold;">All supporters at \$35,000 and above may receive:</p> <ul style="list-style-type: none"> <li>Complimentary exhibit</li> <li>Complimentary full-page ad in <i>Journal of Women's Health</i></li> <li>Logo on Congress website</li> <li>Recognition in promotional materials (mail, press releases, websites, etc.)</li> <li>Promotional material in registration packets</li> <li>Recognition in the final program and on-site signage</li> <li>Supporter Plaque</li> <li>Other customized benefits available based on supporter level</li> </ul>
<b>Diamond Level</b> \$85,000	<ul style="list-style-type: none"> <li><b>Host a plenary dinner with keynote speakers or conference honorees</b></li> <li>Eight complimentary conference registrations &amp; ½ price additional registrations</li> <li>Plus all supporter benefits listed to the right</li> </ul>	
<b>Platinum Level</b> \$70,000	<ul style="list-style-type: none"> <li><b>Host a luncheon symposium</b></li> <li>Six complimentary conference registrations &amp; ½ price additional registrations</li> <li>Plus all supporter benefits listed to the right</li> </ul>	
<b>Gold Level</b> \$55,000	<ul style="list-style-type: none"> <li><b>Host a dessert, wine &amp; cheese reception, or cocktail party</b></li> <li>Four complimentary conference registrations &amp; ½ price additional registrations</li> <li>Plus all supporter benefits listed to the right</li> </ul>	
<b>Silver Level</b> \$47,000	<ul style="list-style-type: none"> <li><b>Host a plenary breakfast with speaker</b></li> <li>Three complimentary conference registrations &amp; ½ price additional registrations</li> <li>Plus all supporter benefits listed to the right</li> </ul>	
<b>Bronze Level</b> \$35,000	<ul style="list-style-type: none"> <li><b>Support panel or individual presentation</b></li> <li>Two complimentary conference registrations &amp; ½ price additional registrations</li> <li>Plus all supporter benefits listed to the right</li> </ul>	

## General Supporter Opportunities

Opportunities	Features include	Benefits
<b>Friend of the Academy of Women's Health</b> \$15,000+	<ul style="list-style-type: none"> <li>General support of the conference starting at \$15,000</li> <li>Two complimentary conference registrations</li> </ul>	<ul style="list-style-type: none"> <li>Recognition in the final program and on-site signage</li> <li>Listing on the Congress website</li> </ul>

Get special visibility in the conference brochure mailed internationally if reservation is received by September 6<sup>th</sup>



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**Exhibitor Opportunities**

**Exhibitor**

Included:

- Six-foot draped exhibit table
- Two complimentary conference registrations
- Recognition in the final program
- Recognition in on-site signage
- Recognition on the Congress website

Exhibitor	Before Dec. 15 <sup>th</sup>	After Dec. 15 <sup>th</sup>
For profit	\$3,100	\$3,800
Nonprofit	\$1,800	\$2,100

**Materials Only**

Included:

- Recognition in the final program
- Recognition in on-site signage
- Recognition on the Congress website

Materials for distribution only	Before Dec. 15 <sup>th</sup>	After Dec. 15 <sup>th</sup>
For profit	\$2,100	\$2,600
Nonprofit	\$1,000	\$1,200

**Supporter/Exhibitor Policies**

Your reservation serves as your commitment to support or exhibit at Women's Health 2014: The 22<sup>nd</sup> Annual Congress. Supporter and Exhibitor reservations may be canceled in writing without penalty until **January 1, 2014**. There will be no refunds or cancellations after that date. Substitutions may be accepted.

Payment must be received in full by **February 15, 2014**. In no case can a reservation be honored if full payment is not received. Once we receive your reservation and payment information, Nilda Rivera, our Conference Manager, will provide you with more details about logistics.

The Academy of Women's Health and the Grand Hyatt, its agents and/or employees, shall not be responsible for any loss, theft or damage to the property of the supporter or exhibitor, his or her employees or representatives. Further, they will not be responsible for damage or injury to persons or property during the term of this agreement or any cause whatsoever.

**Questions? Call 914-740-2128 or email [awh@academyofwomenshealth.org](mailto:awh@academyofwomenshealth.org)**



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**2014 Supporter/Exhibitor Reservation**

Please sign me up as a **SUPPORTER** at the level indicated below:

- Lead Supporter \$90,000 – \$130,000
- Diamond Level \$85,000
- Platinum Level \$70,000
- Gold Level \$55,000
- Silver Level \$47,000
- Bronze Level \$35,000
- Friends of Women's Health \$15,000+

Supporters at **\$35,000 and above** are entitled to a complimentary exhibit at the Congress and a complimentary full-page ad in *Journal of Women's Health*. Please check below if you are interested in taking advantage of either or both these benefits.

- Complimentary exhibit**
- Complimentary full-page ad**

Please sign me up as a **EXHIBITOR** at the level indicated below:

	Before December 15 <sup>th</sup>	After December 15 <sup>th</sup>
<input type="checkbox"/> Exhibit (for profit)	\$3,100	\$3,800
<input type="checkbox"/> Exhibit (nonprofit)	\$1,800	\$2,100
<input type="checkbox"/> Materials for distribution only (for profit)	\$2,100	\$2,600
<input type="checkbox"/> Materials for distribution only (nonprofit)	\$1,000	\$1,200

**Contact Information** (Please print)

Today's Date: \_\_\_\_\_ Name of Organization (as it should be listed): \_\_\_\_\_

**Main Contact**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Website: \_\_\_\_\_

**Alternate Contact**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Website: \_\_\_\_\_

**Please submit your reservation as soon as possible, but no later than February 1, 2014.**  
**Payment can be included with your reservation or sent later, but must be received by February 15, 2014.**

Please submit your completed forms by email to: [awh@academyofwomenshealth.org](mailto:awh@academyofwomenshealth.org)  
 or mail to: Karla Shepard Rubinger, Executive Director, Academy of Women's Health  
 140 Huguenot Street • New Rochelle, NY 10801



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**Supporter/Exhibitor Payment Form**

**Name of Organization (as it should be listed):**

\_\_\_\_\_

**Please Print**

Please charge (amount) \$  Visa  MasterCard  Discover  Amex

Name (as it appears on card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Or make check payable to: **Institute for Professional Education**. *Checks must be drawn from a U.S. bank.*

**Please submit your completed forms by email to:**  
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