



Women's Health 2013

The 21st Annual Congress

March 22-24, 2013

Washington, DC

www.academyofwomenshealth.org/conference

2013 Supporter & Exhibitor Package

- Supporter Opportunities
- Exhibitor Opportunities
- Supporter & Exhibitor Reservation Form
- Supporter & Exhibitor Payment Form



best practices for better outcomes

Academy of Women's Health
140 Huguenot Street New Rochelle, New York 10801
direct: 914-740-2153 main: 914-740-2128 fax: 914-740-2101
awh@academyofwomenshealth.org
www.academyofwomenshealth.org



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Supporter Opportunities

Lead Supporter · \$90,000 - \$130,000

- ❖ Special (custom) recognition at Dinner & Reception
- ❖ Custom package including key positioning on all worldwide press releases
- ❖ Prime recognition on all printed materials
- ❖ Logo and attribution on printed program cover and in *Journal of Women's Health*
- ❖ Input for award/honoree selection
- ❖ Ten complimentary conference registrations, plus ½ price on additional registrations
- ❖ Public presentation of recognition plaque
- ❖ Custom promotional opportunities

Diamond Level · \$85,000

- ❖ Signage and program listing at Dinner & Reception
- ❖ Host a plenary dinner with keynote speaker or conference honoree
- ❖ Featured recognition in all printed materials
- ❖ Eight complimentary conference registrations, plus ½ price on additional registrations
- ❖ Supporter plaque displayed and presented at meeting

Platinum Level · \$70,000

- ❖ Signage and program listing at Dinner & Reception
- ❖ Host a luncheon symposium
- ❖ Six complimentary conference registrations, plus ½ price on additional registrations
- ❖ Supporter plaque displayed and presented at meeting

Gold Level · \$55,000

- ❖ Host a dessert, wine & cheese reception or cocktail party
- ❖ Four complimentary conference registrations plus ½ price on additional registrations
- ❖ Supporter plaque displayed and presented at meeting

Silver Level · \$47,000

- ❖ Host a plenary breakfast with speaker
- ❖ Three complimentary conference registrations, plus ½ price on additional registrations
- ❖ Supporter plaque displayed and presented at meeting

Bronze Level · \$35,000

- ❖ Support panel/individual presentation
- ❖ Two complimentary conference registrations, plus ½ price on additional registrations
- ❖ Supporter plaque displayed and presented at meeting

Friend of the Academy of Women's Health · \$15,000+

- ❖ General support of conference starting at \$15,000
- ❖ Two complimentary conference registrations
- ❖ Group listing in final program and on-site signage
- ❖ Group listing on the Congress website

Supporter Benefits

All Supporters at \$35,000 and above will receive:

- ★ **Logo and link on Congress website**
- ★ **Complimentary exhibit**
- ★ **Recognition in promotional materials (direct mail, press releases, websites, etc.)**
- ★ **Promotional material in registration packets**
- ★ **Recognition in the final program as well as on-site signage**
- ★ **Complimentary full-page ad in *Journal of Women's Health***
- ★ **Complimentary ad in the Program Book**



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Exhibitor Opportunities

	<u>Before January 11th</u> (2012 rates)	<u>After January 11th</u> (2013 rates)
Exhibit (for-profit)	\$2,800	\$3,100
Exhibit (non-profit)	\$1,650	\$1,800
Materials for distribution only (for-profit)	\$1,750	\$2,100
Material for distribution only (non-profit)	\$1,000	\$1,050

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

Supporter/Exhibitor Policies

Your reservation serves as your commitment to support or exhibit at Women's Health 2013: The 21st Annual Congress. Supporter and Exhibitor reservations may be canceled in writing without penalty until **February 1, 2013**.

There will be no refunds or cancellations after that date. Substitutions may be accepted. Please submit payments by **January 11, 2013** to ensure priority positioning.

Payments must be received by February 8, 2013 and made payable to: Academy of Women's Health.
In no case can a reservation be honored if full payment is not received by the start of the conference.

Organizations interested in providing CME support should contact Karla Shepard Rubinger, Executive Director, directly as this Supporter/Exhibitor Package may not apply.

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.



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Supporter & Exhibitor Reservation Form

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

- | | |
|--|--------------------|
| <input type="checkbox"/> Lead Supporter | \$90,000–\$130,000 |
| <input type="checkbox"/> Diamond Level | \$85,000 |
| <input type="checkbox"/> Platinum Level | \$70,000 |
| <input type="checkbox"/> Gold Level | \$55,000 |
| <input type="checkbox"/> Silver Level | \$47,000 |
| <input type="checkbox"/> Bronze Level | \$35,000 |
| <input type="checkbox"/> Friend of the Academy of Women's Health | \$15,000 |

Two important benefits for supporters, Bronze Level (\$35,000) and above are entitled to a complimentary exhibit at the Congress and a complimentary full-page ad in the *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 in the *Journal of Women's Health*

Please sign me up as an Exhibitor at the level indicated below:

- Complimentary (Bronze Level supporters only)
- Exhibitor (for-profit)
- Exhibitor (non-profit)
- Materials for distribution only (for-profit)
- Materials for distribution only (non-profit)



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Payment Information

Payments should be received no later than February 8, 2013. Thank you!

Make check payable to: Academy of Women's Health

or pay by credit card: Please charge (amount) \$ _____

(circle one) Visa MasterCard Discover Amex

Please Print

Name (as it appears on card) _____

Billing Address: _____

Credit Card #: _____ Exp. Date: _____ Security Code _____

Authorized Signature: _____

Email: _____ Phone Number: _____

Today's date _____

Contact Information

Name of Organization (as it should be listed) _____

Main Contact: Name _____ Title _____

Organization _____ Department _____

Address _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____

Phone _____ Fax _____

Email _____ Website _____

Alternate Contact Name _____ Title _____

Phone _____ Email _____

Please return Supporter Registration and Contact Information Form by Mail, Fax, or E-mail to:

Karla Shepard Rubinger, Executive Director, Academy of Women's Health

140 Huguenot Street, 3rd floor New Rochelle, NY 10801

914-740-2230 (main) 914-740-2101 (fax) email: awh@academyofwomenshealth.org