



National Association of State Medicaid Directors

an affiliate of the American Public Human Services Association

Dear NASMD Sponsors and Exhibitors:

The Multi-State Collaborative for Medicaid Transformation is holding the First Annual Summit entitled “*21st Century Medicaid: Transforming through Health Information Technology*” in Tempe, Arizona.

There are exhibitor and sponsorship opportunities available to you at the 2009 Summit, which will be held on January 4-7, 2009 at The Buttes Tempe Resort, a Marriott Resort.

NASMD conference programs are known for the variety of Medicaid workshops, keynote speeches, and addresses from leaders in the profession, which draws attendees from around the country – and this one will prove to be no exception. The participation of sponsorship and exhibitors will add greatly to the success of this annual conference.

The following packet contains exhibit and sponsorship information. We hope that you will consider supporting NASMD, as you have in the past, with exhibit support and this opportunity to contribute to the conference with sponsorships. Your participation in our Medicaid Multi-State Collaboration First Annual Summit is greatly appreciated.

We look forward to seeing you and to hear about the latest business products that you have to offer.

Thank you,

Ann Clemency Kohler
NASMD Director

NASMD Sponsorships

As a sponsor at the First Annual Multi-State Collaborative for Medicaid Transformation Summit taking place January 4-7, 2009, your company will increase its visibility with conference attendees and NASMD membership from across the United States. Several sponsorship opportunities are available to fit your budget and needs.

Benefits of NASMD Sponsorship

Patrons will be recognized in the following manner:

- Free Exhibitor Registration with each sponsorship level
- Complimentary exhibit space
- Your company's name and logo listed in conference materials
- Differentiated signage in the exhibition hall, acknowledging sponsorship

2009 Sponsorship Levels*

Emerald Sponsor	\$30,000
Platinum/Event Sponsor	\$20,000
Gold Sponsor	\$10,000
Silver Sponsor	\$ 5,000

** Donated funds to be used at the discretion of APHSA/NASMD for the overall enhancement of the conference.*

APHSA/NASMD is a 501(C)(3) organization. Your donations may be tax deductible.

Questions: Call Gloria S. Williams, CMP at (202) 682-0100 Ex. 259 or email at gloria.williams@aphsa.org.

Exhibit and Sponsorship Highlights

- More than 200 attendees to include program directors, national and federal experts and key decision-makers.
- Each exhibiting company receives a complete participant list 2 weeks prior to the event
- Exhibitors are entitled to attend all plenary and workshop sessions, except as noted on the agenda
- Multiple networking functions.

2009 Sponsorship Form

Please select your sponsorship level from the list below
Sponsor Forms are due no later than November 7, 2008

Please check the appropriate box:

- Emerald/Conference Sponsor \$30,000**
Includes one free exhibit space, 6 complimentary registrations, recognition at the opening session and on Conference signage, and the company name on the APHSA gift bag.
- Platinum/Event Sponsor \$20,000**
Includes one free exhibit space, 6 complimentary registrations, and recognition at the opening session and on conference signage.
- Gold Sponsor \$10,000**
Includes one free exhibit space and 4 complimentary registrations.
- Silver Sponsor \$5,000**
Includes one free exhibit space and 2 complimentary registrations.

Company

Office Contact Person / Title

On-site Contact Person / Title (*if different from above*)

Address

City

State

Zip

Phone

Fax

Email

Method of Payment (please check one) Credit Card Check (personal or agency)

For Credit Card Use Only: Visa MasterCard American Express

Credit Card # _____ Exp. Date _____ Signature _____

Please return completed form to: Bobbie Westmoreland at rwestmoreland@aphsa.org or by fax to (202) 408-5947

Exhibit Application Deadline: November 7, 2008, or until all booths are sold.

Exhibit reservations at this conference are on a first-come, first-served basis with preferential booth assignments for sponsors. Exhibit booth space will be 6' x 8' at \$2,500 per booth. Booth space will include a draped 6' table, 2 chairs and a wastebasket.

Exhibit Hours

Sunday, January 4, 2009	12:00 Noon – 5:00pm
Monday, January 5, 2009	7:00 a.m. – 8:30 p.m. (through evening dinner/reception)
Tuesday, January 6, 2009	7:00 a.m. – 5:30 p.m.

Exhibitor Registration

All exhibitors are required to register as participants at the conference. The APHSA/NASMD Registration form will available online at <http://aphsa.org> or at <http://www.nasmd.org>.

Exhibit Set-Up

Exhibitors may set up on Sunday, January 4, 2009 beginning at 6:00 a.m. Booths must be operational and staffed during all continental breakfasts, breaks, lunch and Monday evening dinner event.

Dismantling

Exhibits may be dismantled after 12:30 p.m. Wednesday, January 7, 2009.

Booth Selection/Assignment

All booth assignments will be on a first-come, first-served basis. All reasonable requests for placement within the designated exhibit area will be considered. Final assignment is at the discretion of the Exhibitor Coordinator. Up to 25 booths will be staged around the walls in the dining area. Additional booths will be established in the reception area as space permits. **[Waiting on Hotel – May secure larger space for exhibitors and meals]**

Dates and Rates

Conference Dates:

Sunday, January 4, 2009

1:30-4:30 pm: Workgroup Meetings
5:00-8:30 pm: Summit Kickoff Reception

Monday, January 5, 2009

7:30 am-5:30 pm: Keynote speakers, guest speakers, panel sessions and breakout sessions
5:30-8:30 pm: Dinner and Recognition

Tuesday, January 6, 2009

7:30 am-5:30 pm: Keynote speakers, guest speakers, panel sessions and breakout sessions

Wednesday, January 7, 2009

7:30 am-12:30 pm: Plenary Panels

Hotel Reservation Cut-off Date: December 5, 2008

Hotel Reservation: Go to APHSA's home page at <http://www.aphsa.org> and click on Conferences, using the left navigational bar. You may use the link provided to directly access the hotel's reservation system or call (888) 867-7492. *Please refer to the Multi-State Collaborative for Medicaid Transformation*

Room Rates: \$160.00 single, \$180.00 double or prevailing government per diem

Non Sponsor Exhibitor Conference Registration Fees Exhibitor Fee Includes 2 complimentary Registrations. Additional exhibit staff registrations at \$300/\$350 onsite.

**National Association of State Medicaid Directors
Multi-State Collaborative for Medicaid Transformation
First Annual Summit**

“21st Century Medicaid: Transforming through Health Information Technology”

EXHIBIT SPACE ORDER FORM

Please return form with payment of \$2,500 by November 7, 2008

(Please print legibly or type and complete all information)

Last Name: _____ First: _____
(Person #1 to receive complimentary exhibitor registration)

Name on Badge: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

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Last Name: \_\_\_\_\_ First: \_\_\_\_\_  
**(Person #2 to receive complimentary exhibitor registration)**

Name on Badge: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Contact Person for Exhibit materials to be sent (if name and address different from above, please provide)**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**National Association of State Medicaid Directors  
Multi-State Collaborative for Medicaid Transformation  
First Annual Summit**

*“21st Century Medicaid: Transforming through Health Information Technology”*

**EXHIBIT SPACE ORDER FORM - Continued**

**Please return form with payment of \$2,500 by November 7, 2008**

**Payments and Conditions:**

Spaces are assigned on a first-come, first served basis, with preferential booth space for sponsors. Spaces are not guaranteed until payment is processed and you have received an official meeting confirmation.

Registration form and full payment must be received with exhibit space form before order can be processed. The exhibit fee (\$2,500) includes two exhibitor registrations. Each additional exhibitor must complete a separate registration form for all other attendees coming to conference.

**Method of Payment (please check one)**

Credit Card       Check (personal or agency)

For Credit Card Use Only:  Visa       MasterCard       American Express

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

Mail of Fax Exhibit Space Order Form to:      NASMD Multi-State Collaborative for Medicaid  
Transformation Summit  
American Public Human Services Association  
810 First Street, N.E., Suite 500  
Washington, D.C. 20002  
(202) 682-0100 – Main  
(202) 408-5947 - Fax

## APHSA/NASMD Exhibit Rules and Regulations

**1. Registration:** All exhibitors and sponsors, including staff manning the booth, are required to register as participating attendees at the APHSA/NASMD Multi State Collaboration on Health Systems Transformation 2008 Conference. Conference registration entitles Exhibitors and sponsors to participate fully in all **open** conference workshops, keynotes, and social events on the program agenda.

**2. Exhibit Details:** Each booth area is 6 ft. x 8 ft. and includes one 6 ft. table skirted table and 2 chairs. All exhibitors are expected to complete the appropriate forms with the Hotel for any additional needs such as drayage, AV, electrical, etc. All necessary order forms and shipping information will be provided in the Exhibitors Confirmation Packet.

**3. Booth Block:** In the event an organization would like to purchase multiple booth space or if two Exhibitors would like adjoining space, this request **MUST** be indicated on the Booth Application forms and must be received at the same time as spaces are assigned on a first-come, first-served basis. Every effort will be made to accommodate adjoining booth requests, but final assignment is at the discretion of the Exhibit Coordinator.

**4. Exhibit Move-In:** Exhibit installation hours are 6:00am on 1/4/09 through 12:00 Noon. The conference will begin at 1:00pm on January 4t. Exhibitors agree that all booths will be operational and staffed until the end of conference on Tuesday, January 6th.

**5. Dismantling Exhibits:** Exhibits may be dismantled immediately after the closing plenary and final a.m. refreshment break on Wednesday, January 6. Early tear down is discouraged. Anticipated time of tear down is 10:30 a.m..

**7. Cancellation:** Cancellations made before December 7 will receive a refund, less the \$100.00 conference cancellation fee. All cancellations and requests for refunds must be in writing and sent to the attention of Bobbie Westmoreland, APHSA, 810 First Street, NE, Suite 500, Washington, DC 20002. Refunds will be sent after the conference.

**8. No Shows:** If an Exhibitor fails to install or display in assigned space or fails to comply with any other provision of this agreement, APHSA/NASMD shall have the right, without notice to Exhibitor, to take possession of said space and lease said space, or any part thereof, to such parties, and upon such terms and conditions, as it may deem proper. Any exhibitors who do not show up will not get a refund. If you e-mail, fax, or mail your cancellation notice, please call to confirm receipt.

**9. Fees:** Full payment must accompany the application for booth space. Exhibitor Information Packets and Booth assignments will be mailed after confirmation and payment of full conference registration. Shared booth space is prohibited. All materials, services, and products represented must be the wholly owned or managed by the exhibitor on record.

### **\*\*10. Indemnification & Hold Harmless**

—The exhibitor shall indemnify, defend, and hold harmless APHSA and its officers, directors, partners, agents, members, and employees from and against any and all demands, claims, damages to person or property, losses and liability, including reasonable attorney fees (collectively "claims") arising out of or caused by the exhibitor's negligence in connection with the provision of services of the Hyatt Regency. The exhibitor shall not have waived or be deemed to have waived, by reason of this paragraph, any defense, which it may have with respect to such claims.

—APHSA shall indemnify, defend, and hold harmless the exhibitor and its officers, directors, partners, agents, members, and employees from and against any and all demands, claims, damages to person or property, losses and liabilities, including reasonable attorney fees (collectively "claims") arising out of or caused by the APHSA's negligence. APHSA shall not have waived or be deemed to have waived, by reason of this paragraph, any defense that it may have with respect to such claims.

—Exhibitors assume the entire responsibility and liability for losses, damages, and claims arising out of injury or damage to their displays, equipment, and other property brought upon the premises of the hotel and shall indemnify and hold harmless APHSA and the Hyatt Regency Hotel their officers, directors, partners, agents, members, and employees from any and all such losses, damages, and claims.

—In all cases, occupants wishing to insure their property must do so at their own expense. It is especially recommended that all occupants have representatives in attendance at all times when the exhibits are open and especially when exhibits are being set up or dismantled, to protect against loss.

**11. Rules:** APHSA/NASMD reserves the right to make changes to these rules. Any matters not specifically covered herein are subject to decision by APHSA/NASMD. APHSA/NASMD reserves the right to make such changes, amendments, and additions to these rules as considered advisable for the proper conduct of the exhibit, with the provision the exhibitors will be advised of any such changes.

**12. Rights of Termination:** This agreement is subject to termination for cause, upon written notice, without liability to the terminating party due to acts of God, war, government regulation, terrorism, disaster, strikes, civil disorder, curtailment of transportation facilities, or any other emergency beyond the party's control making it illegal or impossible to provide the facilities or to hold the meeting. The phrase "without liability" wherever used in this agreement shall be deemed to include a refund by the APHSA of all deposits and repayment made within thirty (30) days of the event's final day.