

SINI 2015

25th Summer Institute in Nursing Informatics

Realizing the Benefits: Health Care and Information Technology

July 22-24, 2015

University of Maryland School of Nursing
Baltimore, MD



Sponsor and Exhibitor
Prospectus



UNIVERSITY of MARYLAND
SCHOOL OF NURSING



MEET YOUR TARGET AUDIENCE AT SINI 2015

An internationally recognized venue with opportunities to learn from and network with leaders in the field of nursing informatics and health IT

Showcase your products and services to:

- Senior-level nursing informaticians who are:
 - ▶ seeking effective information technologies and
 - ▶ influencing decisions on health IT products and services
- Chief medical information officers and chief nursing information officers
- Health care executives

SINI attendees represent an array of institutions and markets:

- Federal agencies, including the Defense Health Agency, the Veterans Health Administration, U.S. Food and Drug Administration, the National Institutes of Health, and Office of National Coordinator for Health IT
- Academic medical centers and community hospitals, such as Beth Israel-Deaconess, MedStar, and Kaiser Permanente
- Universities, such as Johns Hopkins, Stanford, and Wisconsin-Madison
- Health IT vendors and consultants, such as IBM Siemens and Zynx

Sponsorship Opportunities

Sponsors support the overall mission of SINI and receive special recognition, including their organization's logo and Web link on the SINI conference website and their organization's logo on signage at the entrance to the conference venue.

SINI 25th Anniversary Sponsor \$10,000

Sponsorship includes:

- Full page, color ad inside front cover of program
- Double booth in prime location
- Two free registrations for entire SINI program
- Invitation to offer remarks at opening session and gala reception

SINI Sustaining Donor \$5,000

Sponsorship includes:

- Full page, color ad in program
- Single booth in prime location
- One free registration for entire SINI program

Event Sponsor Opportunities

Event sponsorships support popular features of SINI and include signage with the organization's logo located at the sponsored events and listed in the program.

\$2,000 Choose from the following:

- Hosted Luncheon and Roundtable Discussion
- Keynote Speaker
- Distinguished Lectures

\$1,000 Choose from the following:

- Continental Breakfast (Wednesday, Thursday, or Friday)
- Exhibitor Event and Buffet Luncheon
- Poster Session
- Outstanding Abstract Awards (five sponsorships available)
- Think Tank Sponsorships (two sponsorships available)
- Commemorative Bag

\$500 Choose from the following:

- Lanyards & Badges
- Charging Station (for smart phones, iPads, etc.)
- Pens with SINI 25th Anniversary Logo

Customize your own sponsorship!

Create a benefits package at a price point that works for your organization. Contact Brian Gugerty for details.
Email: brian.gugerty@gicinformatics.com

Exhibiting Opportunities

Standard exhibit space is a single booth, consisting of a skirted display table (5' x 3') with two chairs. Sponsors receive the exhibiting benefits specified for their level of sponsorship. Non-sponsors may also exhibit at the rates specified on the application to exhibit.

Benefits of exhibiting include:

- Showcasing your products and services to decision-makers who need what you offer
- Listing in the printed program and on the SINI website, with an active link to your website and an email link to a contact in your organization
- A comprehensive Excel database of participants containing full registration information (name, title, organization, mailing address, contact email, and phone number).

Organizations that exhibit, but do not sponsor, receive a **20 percent discount on SINI registrations** for up to two representatives.

Exhibitor Booth Rates: **SPONSOR**

Single Booth (sponsorships of \$5,000 or more)	\$0
Single Booth (sponsorships of \$1,000 - \$4,999)	\$325
Double Booth (sponsorships of \$10,000 or more)	\$0
Double Booth (sponsorships of \$5,000 - \$9,999)	\$350
Double Booth (sponsorships of \$1,000 - \$4,999)	\$500

Exhibitor Booth Rates: **NON -SPONSOR**

Single Booth (applying before 3/31/15)	\$650
Single Booth (applying after 3/31/15)	\$750
Double Booth (applying before 3/31/15)	\$999
Double Booth (applying after 3/31/15)	\$1,099

APPLICATION SUBMISSION INFORMATION

Sponsors, please follow these easy steps:

1. Choose your level of sponsorship or propose your customized sponsorship.
2. Complete the application to sponsor on page 4.
3. If you plan to exhibit, complete the exhibitor information on page 5.
4. Submit the form and payment for your sponsorship contribution, plus a separate payment for your exhibitor fees.

Exhibitors, please follow these easy steps:

1. Complete the application to exhibit for non-sponsors on page 6.
2. Submit the form and your payment.

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APPLICATION AND COMMITMENT TO SPONSOR

PLEASE SUBMIT BY MARCH 31, 2015

Exhibit Location: Southern Management Corporation Campus Center (adjacent to the School of Nursing)
Exhibit Time and Date: Thursday, July 23, 2015 • 12:30-2 p.m.

Name of Organization _____

Contact Person _____

Address _____ City _____ State _____ ZIP _____

Telephone _____ Fax _____

Email _____

Select your Sponsorship Package:

- 25th Anniversary Sponsor \$10,000
- Sustaining Sponsor \$5,000

Event & Commemorative Sponsor

- Welcome Luncheon & Roundtable Discussion Session \$2,000
- Keynote \$2,000
- Distinguished Lecture \$2,000
- Continental Breakfast (Wednesday) \$1,000
- Continental Breakfast (Thursday) \$1,000
- Continental Breakfast (Friday) \$1,000
- Exhibitor Event and Buffet Luncheon \$1,000
- Poster Session \$1,000
- Outstanding Abstract Award \$1,000
- Think Tank \$1,000
- Commemorative Bag with Logo \$1,000

Other Options

- Lanyards and Badges \$500
- Charging Station \$500
- Pens with SINI 25th Anniversary Logo \$500

Customized Package: select which items and corresponding fees, from the above list, to be included.

Select the method of payment for your sponsorship contribution:

Check (Make payable to the University of Maryland, Baltimore Foundation.)

Visa MasterCard American Express

Account Number _____

Expiration Date _____

Authorized Signature

Sponsorship funds for SINI are charitable contributions (above the fair market value of benefits) and are payable to and administered by the University of Maryland, Baltimore Foundation. Thus, sponsorship contributions and exhibitor fees must be paid and accounted for separately.

Please send payment directly to:

Sonia Smith
University of Maryland School of Nursing
655 West Lombard Street, Suite 311G
Baltimore, MD 21201
Phone: 410-706-3767 Fax: 410-706-5560
Email: ssmith@son.umaryland.edu

IF YOU PLAN TO EXHIBIT, PLEASE COMPLETE THE INFORMATION ON PAGE 5 AND PAY EXHIBIT FEES SEPARATELY.

APPLICATION AND COMMITMENT TO SPONSOR

This page is for **SPONSORS** who also plan to exhibit.
Please complete the information below and remit additional exhibitor fees not included
in your sponsorship package.

Select your Exhibit Package:

- | | |
|--|-------|
| <input type="checkbox"/> Single booth (sponsorship of \$5,000 or more) | \$0 |
| <input type="checkbox"/> Single booth (sponsorship of \$1,000 - \$4,999) | \$350 |
| <input type="checkbox"/> Double booth (sponsorship of \$10,000 or more) | \$0 |
| <input type="checkbox"/> Double booth (sponsorship of \$5,000 - \$9,999) | \$325 |
| <input type="checkbox"/> Double booth (sponsorship of \$1,000 - \$4,999) | \$500 |

Optional Extras:

- | | |
|--|-------------|
| <input type="checkbox"/> Electrical outlet | \$50 |
| <input type="checkbox"/> Wireless Internet access
(MUST request with application) | \$0 |
| <input type="checkbox"/> Additional reps for your booth
(beyond the number specified
as a sponsorship benefit) _____ | @ \$99 each |

Determine your Total Amount for Exhibiting:

Exhibit package	\$ _____
Optional extras	\$ _____
Total	\$ _____

Select your method of payment:

- Check (Make payable to the University of Maryland School of Nursing)
- Visa MasterCard American Express

Account Number _____

Expiration Date _____

Authorized Signature _____

Exhibit fees are payment for services (not a charitable contribution) and are payable to and administered by the University of Maryland School of Nursing. Therefore, exhibit fees must be paid and accounted for separately from the sponsorship contribution.

Exhibitor Representatives:

Names and contact information for the representatives who will receive guest passes to staff your booth (up to two for a single booth and up to four for a double booth).

Name _____

Email _____

Telephone _____

Fax _____

Name _____

Email _____

Telephone _____

Fax _____

Name _____

Email _____

Telephone _____

Fax _____

Name _____

Email _____

Telephone _____

Fax _____

Please send payment directly to:

Sonia Smith
University of Maryland School of Nursing
655 West Lombard Street, Suite 311G
Baltimore, MD 21201
Phone: 410-706-3767 Fax: 410-706-5560
Email: ssmith@son.umaryland.edu

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APPLICATION AND COMMITMENT TO EXHIBIT (NON-SPONSORS)

PLEASE SUBMIT BY MARCH 31, 2015 FOR BEST PRICING AND PREFERENTIAL LOCATION OF EXHIBIT SPACE.

Exhibit Location: Southern Management Corporation Campus Center (adjacent to the School of Nursing)

Exhibit Time and Date: Thursday, July 23, 2015 • 12:30-2 p.m.

Name of Organization _____

Contact Person _____

Address _____ City _____ State _____ ZIP _____

Telephone _____ Fax _____

Email _____

Select your Exhibit Package:

Non-sponsors applying before 3/31/15

- Single booth \$650
 Double booth \$999

Non-sponsors applying after 3/31/15

- Single booth \$750
 Double booth \$1,099

Optional Extras:

- Electrical outlet \$50
 Wireless Internet access (MUST request with application) \$0
 Additional reps to staff your booth (more than two for a single booth or four for a double booth) _____ @ \$99 each

Determine your Total Amount for Exhibiting:

Exhibit package \$ _____
Optional extras \$ _____
Total \$ _____

Select your method of payment:

- Check (Make payable to the University of Maryland School of Nursing.)
 Visa MasterCard American Express

Account Number _____

Expiration Date _____

Authorized Signature _____

Exhibitor Representatives:

Names and contact information for the representatives who will receive guest passes to staff your booth (up to two for a single booth or four for a double booth)

Name _____

Email _____

Telephone _____ Fax _____

Name _____

Email _____

Telephone _____ Fax _____

Name _____

Email _____

Telephone _____ Fax _____

Name _____

Email _____

Telephone _____ Fax _____

Exhibit fees are payment for services (not a charitable contribution) and are payable to and administered by the University of Maryland School of Nursing.

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