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
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

<table>
<thead>
<tr>
<th>Booth Type</th>
<th>Sponsorship</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Booth</td>
<td>of $5,000 or more</td>
<td>$0</td>
</tr>
<tr>
<td>Single Booth</td>
<td>of $1,000 - $4,999</td>
<td>$325</td>
</tr>
<tr>
<td>Double Booth</td>
<td>of $10,000 or more</td>
<td>$0</td>
</tr>
<tr>
<td>Double Booth</td>
<td>of $5,000 - $9,999</td>
<td>$350</td>
</tr>
<tr>
<td>Double Booth</td>
<td>of $1,000 - $4,999</td>
<td>$500</td>
</tr>
</tbody>
</table>

Exhibitor Booth Rates: NON-SPONSOR

<table>
<thead>
<tr>
<th>Booth Type</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Booth</td>
<td>(applying before 3/31/15)</td>
</tr>
<tr>
<td>Single Booth</td>
<td>(applying after 3/31/15)</td>
</tr>
<tr>
<td>Double Booth</td>
<td>(applying before 3/31/15)</td>
</tr>
<tr>
<td>Double Booth</td>
<td>(applying after 3/31/15)</td>
</tr>
</tbody>
</table>

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.

http://nursing.umaryland.edu/sini
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.

http://nursing.umaryland.edu/sini
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:

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

### Optional Extras:

- Electrical outlet $50
- Wireless Internet access (MUST request with application) $0
- 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 ____________________________

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

http://nursing.umaryland.edu/sini
**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.

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**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)

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Telephone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Telephone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Determine your Total Amount for Exhibiting:**

<table>
<thead>
<tr>
<th>Exhibit package</th>
<th>Optional extras</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$________</td>
<td>$________</td>
<td>$________</td>
</tr>
</tbody>
</table>

**Select your method of payment:**
- Check (Make payable to the University of Maryland School of Nursing.)
- Visa  MasterCard  American Express

<table>
<thead>
<tr>
<th>Account Number</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

**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

http://nursing.umaryland.edu/sini