



TO SPONSOR OR EXHIBIT PLEASE RETURN THIS FORM

Sponsorship Opportunities

California Telehealth Network (CTN) is pleased to announce sponsorship opportunities are now available for the 2014 Telehealth Summit being held April 28-29 at the Hyatt Newport Beach in Newport, CA. With over 350 expected attendees, the 2014 Telehealth Summit is the perfect opportunity to expand your visibility and expand your market with leading healthcare decision-makers.

Platinum \$6,500

- ◇ Lunch sponsor with signage
- ◇ 3 full conference passes
- ◇ Full page program ad - color
- ◇ Exhibit table
- ◇ Event signage
- ◇ Website recognition
- ◇ Conference attendee list
- ◇ Passes to CTN's *Excellence in Telehealth Awards*

SOLD!

Gold \$5,000

- ◇ Breakfast sponsor with signage
- ◇ 2 full conference passes
- ◇ Half page program ad - color
- ◇ Exhibit table
- ◇ Event signage
- ◇ Website recognition
- ◇ Conference attendee list
- ◇ Passes to CTN's *Excellence in Telehealth Awards*

SOLD!

Silver \$2,500

- ◇ Beverage break sponsor with signage
- ◇ 1 full conference pass and 1 exhibit only pass
- ◇ Quarter page program ad - color
- ◇ Exhibit table
- ◇ Event signage
- ◇ Website recognition
- ◇ Passes to CTN's *Excellence in Telehealth Awards*

SOLD!

Bronze \$1,100 (25)

Exhibit Only

- ◇ Exhibit table
- ◇ 2 exhibit only passes
- ◇ Name listed in program
- ◇ Passes to CTN's *Excellence in Telehealth Awards*

Awards Reception \$5,500 (1)

- ◇ Company logo signage at food stations
- ◇ Cocktail napkins with your logo (napkins provided by sponsor)
- ◇ 1 full conference pass/2 reception passes
- ◇ Logo listed in program
- ◇ Website recognition

Additional Sponsorships

Lanyard Sponsor \$850

- ◇ Lanyard Sponsor
- ◇ Half page program ad - color
- ◇ Website recognition

SOLD!

Program Ad \$600

- ◇ Full-Page Ad - Black & White

Program Ad \$300

- ◇ Half-Page Ad - Black & White

Program Ad \$150

- ◇ Quarter-Page Ad - Black & White

**All CTN Summit exhibitors receive an ad with sponsorship (ad size depends on level).

Ad specs listed on following page.

Exhibit space is limited!

Requests are processed on a first-come, first-served basis. To register or for more information, please contact Danielle Smith at dsmith@caltelehealth.org.



Sponsorship Information

To confirm sponsorship, please complete and return **page 3** with payment information to: dsmith@caltelehealth.org or mail to CTN Summit, 2001 P Street, Suite 100, Sacramento, CA 95811.

Specifications

- ◇ Each exhibitor will receive a 6-foot table and two chairs
- ◇ **Exhibit Set-up: Sunday, April 27 5:00 - 7:00 pm / Monday, April 28 7:30 - 9:30 am**
- ◇ **Exhibit Hours: Monday, April 28 - Tuesday, April 29 (Conference times)**
- ◇ **Exhibit Removal: Tuesday, April 29 4:00 - 6:00 pm**
- ◇ Overnight security will be provided Sunday, April 27 and Monday, April 28
- ◇ Assignment of tables will be made by CTN based on the following criteria: sponsor level, reservation order, number of tables purchased and space availability.

Ad Requirements

- ◇ Camera-ready advertisements must be submitted as full-scale digital files on CD/DVD sent to the attention of **Missy Anapolsky at Circle Design**, 2728 J Street, Ste. 204, Sacramento, CA 95816 or e-mailed to missy@circledesign.net.
- ◇ Maximum e-mail file size is 10 MB. Accepted formats: PDF, EPS, TIF or native Adobe formats (e.g. ai, psd, indd) for camera-ready digital files. No Microsoft file formats.
- ◇ Camera-ready advertisements must be CMYK if full color.
- ◇ Camera-ready advertisements must have crop marks (keylines will be added).
- ◇ All digital images must be at 100%, at least 300 dpi, and all links embedded (or linked to digital files supplied by the client).
- ◇ All fonts used in camera-ready advertisements must be embedded, submitted, or converted to outlines.
- ◇ Logos should be submitted as vector files for best quality (e.g. Adobe Illustrator). Raster files are OK, but will yield about 1/16th the resolution of vector files.
- ◇ CTN and Circle Design assumes no responsibility for quality/accuracy of ads.

Ad Sizes

- ◇ **FULL PAGE:** 7.5w" x 10t" no bleeds; 8.75w" x 11.25t" full bleed, trims to 8.5w" x 11t"
- ◇ **HALF PAGE:** 7.5w" x 4.75t"
- ◇ **QUARTER PAGE:** 3.5w" x 4.75t"

Hotel Accommodations

The California Telehealth Network has secured a discounted room rate of \$135 at the Hyatt Newport Beach - 1107 Jamboree Road, Newport, CA. **To reserve**, call: 888-421-1442 and mention CA Telehealth Network or online at: <https://resweb.passkey.com/go/TLHL> . Hotel space is limited.

Shipping

Exhibitors are responsible for making their own shipping arrangements. Shipments may not arrive prior to April 25, 2014.

Sponsor Deadlines

Sponsorship Registration: **April 7, 2014**

Program ad: **April 7, 2014**



Hyatt Newport Beach



Hyatt Newport Beach - Exhibitor Pavilion



Sponsorship Registration

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2014 Telehealth Summit Sponsorship Selection

- | | |
|---|-----------------|
| ◇ Platinum \$6,500 (includes 3 full conference passes) | \$ SOLD! |
| ◇ Gold \$5,000 (includes 2 full conference passes) | \$ SOLD! |
| ◇ Silver \$2,500 (includes 1 full conference pass and 1 exhibit only pass) | \$ SOLD! |
| ◇ Bronze - Exhibit Only \$1,100 (includes 2 exhibit only passes) | \$ _____ |
| ◇ Reception \$5,500 (includes 1 full conference pass and 2 reception passes) | \$ _____ |
| ◇ Lanyard Sponsor \$850 (no passes included) | \$ SOLD! |

YES, we will exhibit! _____ Yes, we will need booth electricity _____ No, we will not exhibit _____

Program Ad Only (All CTN Summit sponsors receive an ad - ad size depends on level)

Program Ad Full Page \$600 _____ Program Ad Half Page \$300 _____ Program Ad Quarter Page \$150 _____

TOTAL DUE \$ _____

Contact Information

NAME (main contact): _____ **TITLE:** _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE#: _____ **E-MAIL:** _____

Payment Information

Sponsorship/exhibitor status is not final until full payment is received. All fees are non-refundable.

Check enclosed for \$ _____ payable to California Telehealth Network

Send me an electronic invoice to pay via credit card (VISA, Master Card, Discover)

Email address to send invoice to: _____

Per your sponsorship level, please include attendee information:

NAME: _____ **E-MAIL:** _____ **Phone:** _____

NAME: _____ **E-MAIL:** _____ **Phone:** _____

NAME: _____ **E-MAIL:** _____ **Phone:** _____

Thank you for your sponsorship!

