

2008 Minority Health Disparities Summit

BRIDGING THE GAP

Embracing Solutions to Eliminate Health Barriers

August 13-15, 2008

MARKETING PROSPECTUS

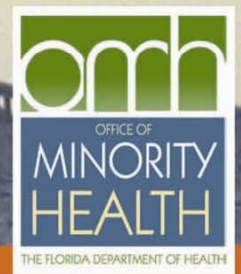
You are invited to participate as a sponsor, exhibitor or vendor at the 2008 Florida Minority Health Disparities Summit.

GRAND HYATT TAMPA BAY

2900 Bayport Drive

Tampa, Florida 33607

<http://grandtampabay.hyatt.com/hyatt/hotels/index.jsp>



Sponsored by: Florida Department of Minority Health, Closing the Gap Grant Program, The Florida Department of Health Bureau of HIV/AIDS, and Access Health Solutions

GENERAL INFORMATION

Mission of Florida Office of Minority Health

“To provide leadership in improving minority health and reducing health disparities through education, collaboration, mobilization and coordination statewide.”

Background

The Office of Minority Health (OMH) was established within the Florida Department of Health in 2004, [Florida Statute 20.43 \(9\)](#). The office is responsible for the coordination of the Reducing Racial and Ethnic Health Disparities: Closing the Gap Grant Program, [Florida Statute 381.7651-381.7356](#), Florida Healthy People 2010 Program, [Florida Statute 381.736](#), and the State Partnership Grant Program. These programs address racial and ethnic health disparities.

2007 Minority Health Disparities Summit

Last year’s Summit theme was “*Addressing Health Disparities: Moving Beyond Hope to Action.*” The theme focused on the 2007 initiative from the U.S. Department of Health and Human Services’ Office of Minority Health that empowers communities to take action and develop a common agenda to end health disparities.

There were 430 attendees registered for the 2007 Minority Health Disparities Summit and 43 exhibitors and vendors. Additional information regarding the 2007 Summit is available at www.doh.state.fl.us/minority/Overview.htm.

Summit Theme and Purpose

The 2008 Minority Health Disparities Summit’s theme is “*Bridging the Gap: Embracing Solution to Eliminate Health Barriers.*” The goal of the 2008 Minority Health Disparities Summit is to present solutions and/or interventions to these barriers to help bridge the health gap in Florida.

Attendees

The 2008 Minority Health Disparities Summit will bring together a wide range of local, state, federal and territorial governmental agencies and private-sector partners. Our targeted constituents include, but are not limited to, Florida-based Closing the Gap grantees, State Partnership Grant Program grantees, health professionals, community- and faith-based organizations focused on minority health and individuals interested in learning more about reducing health disparities among racial and ethnic populations.

Hotel Information

The Grand Hyatt is providing accommodations for the Summit. Make your reservations directly with the hotel by calling (813) 874-1234 or 1-800-233-1234. The room rate per night for single and double occupancy is \$117.00.

Please remember to state your affiliation with 2008 Florida Minority Health Disparities Summit.

Registration

The registration fee, including lunch, is \$100.00 for the Florida Minority Health Disparities Summit. (August 13-15, 2008) After July 31st, the registration fee will increase to \$110.00.

EXHIBIT INFORMATION

RATES: EXHIBITOR ON AUGUST 13-15, 2008

For-Profit Entity (**Vendor**) - **\$550**
Non-Profit Entity (**Exhibitor**) - **\$350**

Exhibitor Set-Up:

Each team is responsible for setting up and breaking down their display. Minority Health Summit exhibitors and vendors are encouraged to set up displays from 11:30 a.m. – 1 p.m. on August 13.

TAKE ONE EXHIBIT

Take-One Exhibit August 13-15 – (This option allows materials to be shipped to the Grand Hyatt to be displayed in exhibit hall.) **\$175**

Take-one exhibit materials must arrive by **August 12, 2008** to Grand Hyatt. *Please notify Cheryl Graham as soon as possible if you choose this option to receive shipping information.*

Please see the attached form for terms and conditions, along with payment information.

SPONSORSHIP

Sponsorship opportunities to accommodate any budget!

Sponsorship Levels of Minority Health Disparities Summit

Gold Level - \$3,000 and up: Assists with keynote speakers, room rental, etc.

Benefits: Two waived registrations, two invitations to appreciation event, exhibit space, logo placement

Silver Level - \$1,500-\$2,999: Assists with session speakers, room rental, etc.

Benefits: One waived registration, one invitation to appreciation event, exhibit space, logo placement

Bronze Level - \$500-\$1,499: Assists with printing, conference materials, etc.

Benefits: Exhibit space (information only-non-vendor option), logo placement

These funds will also provide individuals without resources to attend the Summit, benefit from presentations by experts in the health arena, and equip them with materials and information to work towards the reduction of health disparities in racial and ethnic populations.

As our partner, your organization's logo will be placed on all Summit materials and recognition will be given in the syllabus. Also, space in the exhibit hall will be reserved for your organization at each sponsorship level. Gold level sponsorship includes two waived registrations and two invitation to an appreciation event on August 13. Silver level sponsorship includes one waived registration and an invitation to an appreciation event on August 13.

Please contact Cheryl Graham if you are interested in being a sponsor of the 2008 Minority Health Disparities Summit by e-mailing her at cheryl_graham@doh.state.fl.us or calling her at (850) 245-4265.



2008 Minority Health Disparities Summit
August 13-15, 2008
Grand Hyatt Tampa Bay



Exhibit Application

Organization: _____
(Proper name to be published on printed materials)

On-site Person(s): _____

Address: _____

Telephone: _____ **Fax:** _____

E-mail Address: _____

Person to receive copy of contract, future correspondence or mailings and service kit:

Name: _____ **Address:** _____

City, State, Zip: _____ **E-mail Address:** _____

Telephone: _____ **Fax:** _____

Please check whether you will be an exhibitor or a vendor and describe the type of information and/or product you will be displaying during the event:

____ **Exhibitor:** Exhibitors are public and non-profit agencies, organizations, associations and educational entities that want to showcase successful, high-quality programs, projects or initiatives that address the needs of ethnic and racial populations. Please provide a description of your exhibit on the lines provided below or attach sample materials.

Exhibit Description: _____

____ **Vendor:** Vendors are commercial and for-profit entities that intend to sell a product, service or commodity that addresses working towards reducing health disparities in ethnic and racial populations. Please provide a description of your product and price list on the lines provided below or attach a brochure describing your products and price list.

Product Description: _____

The exhibitor's and vendor's information displayed at the exhibit cannot be in opposition with the mission of the Florida Department of Health.

Department of Health Mission: *To promote, protect and improve the health of all people in Florida.*

Office of Minority Health Mission: *To provide leadership in improving minority health and reducing health disparities through education, collaboration, mobilization and coordination statewide.*

Payment: Applications for exhibit space must be submitted by July 18, 2008 and accompanied with full payment. Applications will not be processed nor space assigned without the required payment. To pay by credit use the attached credit card authorization form. This payment information also applies to sponsorships.

Make checks payable to the Gulfcoast North AHEC and mail to:

Ms. Isabel Ronda, Office Manager
Gulfcoast North AHEC
17819 State Road 52
Land O' Lakes, FL 34638-6819

Write *Minority Health Summit* in memo area.

Exhibitors will not be allowed to set up without complete payment.

Exhibit Cost: The following two options allow for exhibitors to display three days of the Minority Health Summit. Please check one:

_____ **Option 1A:** The cost for exhibitors for three days at the Florida Minority Health Disparities Summit is \$350. (August 13-15, 2008)

_____ **Option 1B: Take-One Exhibit** - This option allows materials to be shipped to the Grand Hyatt to be displayed in exhibit hall. The cost for the take-one option is \$175.

Take-one exhibit materials must arrive by August 12, 2008 to Grand Hyatt. *Please notify Cheryl Graham as soon as possible if you choose this option to receive shipping information.*

Vendor Cost: The following two options allow for vendors to have a table three days of the Minority Health Summit.

_____ The cost for vendors for three days of the Florida Minority Health Disparities Summit is \$550. (August 13-15, 2008)

Exhibit Application Submission: Exhibit applications, along with a **copy** of the check or credit card authorization form, must be submitted by July 18, 2008 to:

Ms. Isabel Ronda, Office Manager
Gulfcoast North AHEC
17819 State Road 52
Land O' Lakes, FL 34638-6819

Copies may also be faxed to Ms. Ronda's attention at (813) 929-1009

Exhibitor and Vendor Guidelines/Criteria:

Dates: The 2008 Florida Minority Health Disparities Summit is scheduled for August 13-15, 2008.

Floor Plan Preference: Whenever possible, space assignments will be made in keeping with your preference. However, the **Grand Hyatt** and the Florida Department of Health, Office of Minority Health reserve the right to make the final determination of all space assignments in the best interest of the summit. You will receive a 6 ft. table with two chairs. If you require additional space for a floor exhibit, please make sure the request is outlined on your application, along with dimensions of the additional space needed.

Display: (3-sided display board measuring 36” height x 48” width)

- Display items from left to right
- Provide visually appealing, colorful, and concise presentation of materials
- Allow space on each side of display board for items such as laptops or handouts

Exhibit Display Availability:

- Each team is responsible for setting up and breaking down display.
- Minority Health Summit exhibitors and vendors are encouraged to set up displays from 11:30 a.m. – 1 p.m. on August 13.

AV Equipment and Additional Services:

- Exhibitors and vendors are responsible for providing or renting their own AV equipment. *More information concerning these services is can be sent to you upon request.* Please notify Grand Hyatt Convention Services Manager Myriam Tutoy at mtutoy@hyatt.com prior to July 12, 2008 to ensure that the hotel can accommodate electrical connections for your AV equipment.

Please direct questions to Cheryl Graham by e-mail at Cheryl_graham@doh.state.fl.us or phone at (850) 245-4265.

Execution of Contract: Application for exhibit and vendor space at the 2008 Minority Health Summit indicates the applicant’s willingness to abide by all terms and conditions as stated in the contract. This application will become a contract when countersigned by Cheryl Graham.

Authorizing Signature: _____

Name: _____

Address: _____

City, State, Zip: _____

FOR OFFICE USE ONLY

Countersignature by Minority Health Representative: _____

Date Accepted: _____

Company Name: _____

Exhibit Space: _____

Vendor: _____ or Exhibitor: _____

Exhibit Dates: _____

Electricity Needed: _____

Terms and Conditions

1) Use of Exhibits and Exhibit Facilities:

- a) **Participant use of Exhibit Facilities:** Exhibit booths will be available for viewing by participants from 1:00 p.m. – 6 p.m. on August 13, 7:30 a.m. – 6:00 pm on August 14 and 7:30 a.m. – Noon on August 15.
- b) **Exhibit Space:** Each space will consist of one 6' by 30" skirted table, two chairs, name badges for exhibitor, and exhibit identification sign. Exhibitors who register may also attend panel sessions, plenary sessions and meals.
- c) **Exhibitor Staffing of Booth:** Exhibitors must staff booths during registration and Summit breaks.

2) Cancellation of Summit:

In the event that fire, strike, or other event beyond the control of Grand Hyatt or the Florida Department of Health causes the event to be cancelled, a full refund of fees will be made.

3) Cancellation:

In the event that the exhibitor or vendor must cancel, all fees paid by the exhibitor or vendor will be refunded, less a service charge of \$25.00 if notification of cancellation is received by July 12, 2008. Cancellations after July 12, 2008 require the exhibitor or vendor to pay the full fee. If after July 12, 2008, the summit planners are able to resell the table, all fees paid by the exhibitor or vendor will be refunded less a service charge of \$50.00 per exhibit space.

4) Security and Liability:

- a) **Liability for Damage:** The exhibiting company is liable for any damages caused by company employees, officers, agents, contractors fastening displays or fixtures to the building doors, walls, or the standard booth equipment, or for damage caused in any manner. In addition, the exhibitor shall assume full liability for corporate income tax liability which may lie against the exhibitor under all applicable Florida laws.
- b) **Security:** The exhibit area will be chain locked at 10 pm on August 13 and 14 and will be reopened at 7:00 a.m. on August 14 and 15, 2008. No additional security will be provided. Security for all exhibitors' possessions shall be the sole responsibility of the exhibitor.
- c) **Insurance:** The vendor/exhibitor shall, at its sole cost and expense, procure and maintain throughout the term of the contract for exhibit space, comprehensive general liability insurance coverage, with combined and single limits of liability of not less than \$1,000,000, against claims for bodily injury or death and property damage occurring in or upon the premises leased. It is the responsibility of the exhibitor to provide proof of this insurance, such as certificate of insurance, if required. All property and employees of the exhibiting company shall remain under its custody and control in transit to, within, and in transit from the confines of the exhibit hall.

5) Indemnification:

The vendor/exhibitor agrees to hold harmless and indemnify and make no claim against the Florida Department of Health, nor the entity's associates, members or employees, nor against the Grand Hyatt, which is located at 2900 Bayport Drive, Tampa, Florida 33607, nor the Office of Minority Health for loss by theft, fire, accident or destruction of goods while in storage or in exhibits, nor for any injury to himself/herself or employees, nor for damages of any nature whatsoever, including any damage to his/her business by reason of the failure to provide a space for the exhibit or the removal of the exhibit, nor any action of any employees, nor for failure to hold the summit as scheduled.

6) Additional Information:

The Office of Minority Health will mail and fax the signed contract and future correspondence to the person designated to receive the information.



GULF COAST NORTH AREA HEALTH EDUCATION CENTER (AHEC) CREDIT CARD AUTHORIZATION FORM

Mail To: Gulfcoast North AHEC
Attn: Isabel Ronda
17819 State Road 52
Land O' Lakes, FL 34638

For Additional Information Call:
Office: 813-929-1000
Fax: 813-929-1009
ronda@gnahec.org

Select one option: Exhibiting Only Sponsorship Only Exhibiting through Sponsorship

Company/Organization Name: _____

Description of Product and Services offered: _____

Contact Person*: _____ Title: _____

Address: _____ City _____ State _____ Zip _____

E-Mail Address: _____

Phone: (____) _____ Fax: (____) _____

*Will this be the same person attending the program? If not, please provide name:

CARDHOLDER INFORMATION

Please Print Clearly the Following Information:

Amount: _____

Card Type: _____ Card Number: _____ Expiration Date: _____

Cardholder's Name: _____ Phone Number: _____

Fax Number: _____ E-mail: _____

Cardholder's Billing Address: _____

City: _____ State: _____ Zip Code: _____

Cardholder's Signature: _____ Date: _____

I, the above signed cardholder, give the Gulfcoast North AHEC, Tampa, Florida USA, authorization to charge the license fees and other ancillary expenses to my credit card number listed above.

Please make checks payable to Gulfcoast North AHEC, Federal ID # 59-3309266.