



Mississippi Association of Community Mental Health Centers | 2nd Annual Conference
Hilton Jackson | 1001 E. County Line Road | Jackson, MS 39211
January 14, 2014

Dear Friend,

The Mississippi Association of Community Mental Health Centers (MACMHC) would like to invite your company/organization to participate in our 2nd annual conference themed - **Charting a New Course: Transforming Mississippi's Community Mental Health System**. The conference will be held January 14, 2014 at the Hilton Jackson. Our keynote speaker is Chuck Ingoglia, Senior Vice President, Public Policy and Practice Improvement of the National Council for Behavioral Health.

MACMHC is a league of 14 member organizations. We provide leadership and direction in shaping and preserving the future of the state's community mental healthcare system. MACMHC's members provide a statewide safety net so that children, youth, adults, and families can have access to behavioral healthcare in their local communities.

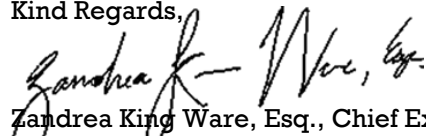
MACMHC is excited to offer several support opportunities, which will further the exposure of your products and/or services through our exhibit and corporate sponsorship opportunities. These support opportunities are sure to help your company achieve maximum visibility and increase your success. We are anticipating approximately 200 attendees that will include Community Mental Health Executive Directors, Upper Management, Clinicians, and advocates from around the state. The annual MACMHC conference is slated to be **THE** most comprehensive meeting of the state's CMHCs, serving over 100,000 Mississippians.

The enclosed exhibitor/sponsorship registration forms provide detailed information about exhibiting, sponsorship and the other support opportunities available. Again, I encourage you to take this opportunity to showcase and promote your products or services to a statewide behavioral healthcare audience. **REGISTRATION FORMS ARE DUE BY FRIDAY, JANUARY 3, 2014**. Please remember that exhibit space is limited and booth locations will be assigned based on the date your registration is received. All registrations are non-refundable; however, completed registrations are transferrable.

Thank you for your interest in community mental health and in our conference. Your support is critical to the success of the conference. We look forward to your involvement this year and the years to come. Please feel free to contact our conference coordinators, Marc Fomby and Sharon Sims, at 601-939-0020 (telephone) or ftcprevention@bellsouth.net (email) if you have questions or your organization would like to support this event in an area not listed in this packet.

We look forward to seeing you at our conference!

Kind Regards,



Zandra King Ware, Esq., Chief Executive Officer
Mississippi Association of Community Mental Health Centers



EXHIBITOR OPPORTUNITIES

EXHIBIT SPACE:

Non-profit/State Entity: \$300

Private Entity (Basic): \$500

Premium: \$750

Please complete the enclosed [CONFERENCE EXHIBITOR RESERVATION FORM](#) or [CLICK HERE TO COMPLETE YOUR REGISTRATION ONLINE](#) (*preferred*) and return with your payment by **Friday, January 3, 2014**. Once your registration form and payment are received, we will forward additional information regarding exhibit hours, set-up, shipping and conference information. We ask that you please **BRING YOUR OWN EXTENSION CORDS AND POWER STRIPS**. Any requested on-site would incur an additional charge through the hotel.

Exhibitor Benefits:

1. Booth space, including 6 foot draped table & 2 chairs*
2. Listed as an Exhibitor in the conference program book.

*Additional requests can be made at Exhibitor's expense.

** If you wish to receive CE credit, attend any of the conference workshops, or attend the Plenary Luncheon you are required to register for the conference. In addition to the exhibitor fee, you may register for the discounted rate of \$55 for each participating exhibitor.

Sponsorship Opportunities

If you are interested in becoming an official Conference Sponsor or other opportunities available, please see our Sponsorship Opportunities document for detailed information.

[CLICK HERE TO BECOME AN OFFICIAL MACMHC SPONSOR!](#)

Door- prizes

*Exhibitors are encouraged to distribute door prizes & promotional favors to attendees. Your door prize(s) will be awarded at one of the following, your booth (announced by microphone during conference breaks), luncheon, or during breakfast. You may choose the names that register at your booth. Please attach the name of your company and the winner to your door-prize(s).

Accommodations

Call the extraordinary Hilton Jackson at 601-957-2800 or reserve hotel accommodations online at <http://www.hiltonjackson.com/accommodations.php>. Mention Mississippi Association of Community Mental Health Centers Conference to secure a special conference rate of **\$114 prior to December 13, 2013**. Rooms with conference rates are limited.

Rules for Exhibiting

Representatives of commercial supporters may attend educational activities when registered through regular channels, but may not engage in sales activities in the workshops, break areas, etc. **Exhibitors are required to complete a [COMMERCIAL SUPPORT POLICY FORM](#) (see attached).**



CHARTING A NEW COURSE
Transforming Mississippi's Community Mental Health System

Online registration is strongly encouraged and preferred. PLEASE [CLICK HERE TO REGISTER ONLINE TODAY!](#)

2014 EXHIBITOR REGISTRATION FORM

Name of Contact Person: _____

Business/Agency: _____

Preferred Mailing Address: _____

Phone: _____

Email: _____

Website: _____

Name of Representative(s) Attending: _____

Please choose:

- Non-profit/State Entity \$300
- Private Entity \$500
- Premium \$750 (Guaranteed prime exhibit space.)

My exhibit booth requires

- Electricity Internet Access Additional Table

Door Prizes:

- I will donate a door prize.
- I will not donate a door prize.

Cancellation Policy: Registrations are non-refundable; however, may be transferred.

Payment: Please send your registration fee via US Mail. Make check payable to:
Mississippi Association of Community Mental Health Centers.

MAIL FORM AND FEE TO:

Region 8 Mental Health
Attn: Emile Craig, Director of Administration
PO Box 88
Brandon, MS 39043

TOTAL AMOUNT ENCLOSED: \$ _____

COMMERCIAL SUPPORT POLICY

As an approved provider for Mississippi State Medical Association, Mississippi Nurses Foundation, American Psychological Association, Mississippi State Board of Examiners for Social Workers and Marriage & Family Therapists, National Board for Certified Counselors, National Association of Alcohol and Drug Abuse Counselors, National Commission for Health Education Credentialing, the Division of Professional Development Department of Mental Health agrees to maintain control of the educational content and disclose to learners all financial relationships or lack of, between the commercial supporters and the provider or presenters, and adhere to the following guidelines.

1. Funds will be made in the form of an educational grant and will be acknowledged in printed material and brochures.
2. Arrangements for commercial exhibits will not influence the planning of or interfere with the presentation of the education activities.
3. Learners will be informed of any off-label use of a commercial product that is presented in education activities.
4. Education activities are distinguished as separate from the endorsement of commercial products. When commercial products are displayed, participants will be advised that approval status as a provider refers only to its continuing education activities and does not imply Mississippi State Medical Association, Mississippi Nurses Foundation, American Psychological Association, National Board for Certified Counselors, National Association of Alcohol and Drug Abuse Counselors, and the Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists' National Commission for Health Education Credentialing endorsement of any commercial products.
5. Education activities that present research conducted by commercial companies will be designed and presented with scientific objectivity.
6. Learners are made aware of the nature of all commercial support on printed material or brochures.

(Company/Vendor Name)

As a vendor will you display products? Yes No If yes, list products being displayed:

Have you, as a vendor, offered anything of value to any speaker which may be perceived as direct or indirect interest in the subject(s) that they are addressing? Yes No If yes, list the speaker, the vendor, and the relationship between the two (such as speaker's bureau, grant/research support, consultant, major stockholder, or gift):

Do you know of any speaker who will include a discussion of your product during the session? Yes No If yes, list speaker(s):

Will the above identified speaker(s) include a discussion of an unlabeled or investigational use of the product, device, or drug you promote that has not been approved by the FDA for the use being presented? Yes No If yes, list speaker(s):

Have you tried to influence the planning of or interfere with the presentation of the educational portion of this conference? Yes No

Vendor Representative

Date

Director of Div. Professional Development
CE Chair

Date