

Sponsors & Exhibitors Packet

2nd Annual Idaho Breastfeeding Summit

June 28 and 29, 2018

Boise, Idaho

Strengthening Partnerships to Benefit Idaho Families



Dear Potential Sponsor and Exhibitor:

It is my pleasure to offer you the opportunity to become a sponsor and/or exhibitor of the **2nd Annual Idaho Breastfeeding Summit** – *Strengthening Partnerships to Benefit Idaho Families*. Supporting the Idaho Breastfeeding Summit is an excellent way to market your unique brand to over 100 attendees who include:

- * Maternity department nurses, supervisors, and managers
- * Leaders of community-based organizations, public health professionals, WIC leaders and staff members
- * Advanced-practice healthcare providers
- * Lactation consultants and educators
- * Community breastfeeding support educators and advocates

We strive to offer a variety of affordable sponsor and exhibit options with recognition opportunities to give you high visibility among our audience. Your sponsorship enables us to maintain affordable registration fees and our ability to educate and support improved maternity practices, promote workplace lactation accommodations, establish breastfeeding friendly healthcare provider offices, and bridge gaps in lactation support services before and after the hospital experience in Idaho communities.

The Idaho Breastfeeding Summit is the state's premier convening that establishes an annual collective action to remove barriers and increase exclusive breastfeeding rates in all Idaho communities. The Summit is a forum to evaluate our current state of breastfeeding, inspire and motivate a catalyst for change, explore best practice, acquire new skills, provide networking opportunities, and share resources and tools.

The Idaho Breastfeeding Coalition is a 501(C)(3), non-profit entity with a broad reach within Idaho communities. Our mission is to improve the health and well-being of Idahoans by working collaboratively to protect, promote, and support breastfeeding. The aim of these collaborative efforts is to remove all barriers to breastfeeding for a healthier Idaho.

Enclosed is a copy of the sponsorship opportunities. Please consider this opportunity, as space is limited. For more information on how to participate, contact me at 208-327-8565 or at cgalloway@cdhd.idaho.gov. We look forward to discussing this exciting opportunity with you!

Sincerely,



Cindy Galloway, RDN, LD, IBCLC
Chair, Idaho Breastfeeding Coalition

SPONSORSHIP LEVELS

| | DIAMOND | PLATINUM | GOLD | SILVER | BRONZE | SUPPORTER | FRIEND | EXHIBITOR |
|--|----------------|---------------|---------------|---------------|-------------------|------------------|--------|--|
| | \$10,000 | \$5,000 | \$3,000 | \$2,000 | \$1,500 | \$1000 | \$500 | \$200 for Non-Profit \$600 For Profit |
| Summit Exhibitor Table – 2 days Registration Area/Lobby | * | * | | | | | | |
| Summit Exhibitor Table on Day 2 | | | | | | | | * |
| Company name on online registration page for annual summit | * | * | | | | | | |
| Company name and logo on annual summit program | * | * | | | | | | |
| Company name and logo on summit program sponsor recognition page | * | * | * | | | | | |
| Promotional insert in summit folder or bag (content subject to IBC approval) | * | * | * | * | | | | |
| Company name in summit program sponsor recognition page | | | | | * | * | * | * |
| Advertising space in annual breastfeeding summit program | * Full Page | *Full Page | *Half Page | *Half Page | * Quarter Page | *Quarter Page | | *Business Card |
| Sponsor recognition on Idaho Breastfeeding Coalition website | * | * | * | * | * | * | * | * |
| Full Summit Registration | 3 | 2 | 1 | | | | | |
| Sponsor recognition on Idaho Breastfeeding Coalition Website | * | * | * | * | * | * | * | * |

The Idaho Breastfeeding Coalition (IBC) does not accept sponsorships, advertisements, exhibits, or donations from entities in violation of The International Code of Marketing of Breast-milk Substitutes (the "Code") and subsequent World Health Assembly resolutions. All publications and materials distributed must be in compliance with the Code. To this end, the IBC reserves the right to refuse sponsorships, advertisements, or exhibits from certain entities, or to decline or prohibit any exhibit or promotional item which in its judgment is inappropriate, this reservation being all-inclusive as to persons, things, printed matter, products, and conduct.



General Rules and Guidelines

The following conditions, rules, and guidelines are part of the Idaho Breastfeeding Coalition (IBC) Breastfeeding Summit Sponsorship and Exhibit Space Application. Please read carefully before signing the application. After completing the Application, please give a copy of these rules and guidelines to the person(s) responsible for the creation of your advertisement or sponsorship materials, or the construction of your exhibit booth.

Application and Payment of Fees

Levels of Sponsorship and Exhibitor Fees are listed on the Application form. Applications will be processed and exhibitor space reserved after payments and required signatures are received. All applications must be accompanied by payment. IBC retains the option of returning funds.

Cancellations

Exhibitor cancellations must be directed in writing to the Idaho Breastfeeding Coalition, Attn: Cindy Galloway; 707 N. Armstrong Place; Boise, Idaho 83704. Refunds, less an administrative fee of \$100 or 10% of fees (whichever is greater), will be made at the IBC's discretion.

Assignment of Spaces for Exhibitors

Exhibitor tables for 2018 Summit are limited so get your Exhibitor registration in soon.

Exhibitors will be accepted on a first come, first serve basis. When exhibitor table capacity has been reached, you will be put on a wait list.

Exhibitor registration fees must be paid in full by May 15, 2018 or the vendor space will be forfeited and given to the next company on the waiting list.

Selection of Sponsors/Exhibitors

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Approval Required for All Materials

IBC reserves the right to require exhibitors/sponsors to remove any display item(s) or literature that are not in alignment with the Code.

Acceptance of exhibit/sponsorship does not constitute endorsement of the products, services, or mission of the exhibitor/sponsor by the IBC or its members. Exhibitor/sponsor organizations cannot use the IBC name without express written permission from the IBC.



Sponsorship and Exhibitor Application

Please Select a Sponsorship Level or Exhibitor Category Below

Sponsorship Levels:

- \$10,000 – Diamond
- \$5,000 – Platinum
- \$3,000 – Gold
- \$2,000 - Silver
- \$1,500 – Bronze
- \$1,000 – Supporter
- \$500 – Friend

Exhibitor Categories:

- \$200 – Non-Profit
- \$600 – For Profit

Contact Name: _____ Title: _____

Organization Name: _____

Address/City/State/Zip: _____

Phone: _____ Email: _____

Website: _____ Fax: _____

Please complete and return this form to the address below and make checks payable to:

Idaho Breastfeeding Coalition c/o Central District Health Department
Attn: Cindy Galloway
707 N. Armstrong Place
Boise, ID 83704

If you have questions, please contact Cindy Galloway at: Phone: 208-327-8565 or Email: cgalloway@cdhd.idaho.gov

Note to Commercial Company Sponsors:

If you are a commercial company sponsor, please complete and sign the *Commercial Support Agreement* that follows and return this form with your *Application* and payment.

2nd Annual Idaho Breastfeeding Summit **COMMERCIAL SUPPORT AGREEMENT**

Commercial support is defined as financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CNE activity. A commercial interest is defined by the American Nurse's Credentialing Center (ANCC) and the Multistate Division (MSD), as any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. Nonprofit or government organizations, non-healthcare related companies, healthcare facilities, and group medical practices are not considered commercial interests.

Commercial support is categorized as either financial or in-kind. **In-Kind** support is materials, space or other non-monetary resources or services used by an Activity Provider/Applicant to conduct an educational activity; which may include but is not limited to human resources, marketing services, physical space, equipment such as audio-visual materials and teaching tools. **Financial** support can be restricted or unrestricted and must be explained. **Unrestricted** support is support given freely and without constraint by the Commercial Interest Organization. The Activity Provider/Applicant has sole discretion to administer commercial support as appropriate for planning, developing, implementing or evaluating the educational activity. **Restricted** support is given toward a specific aspect of an educational activity such as meals, breakout sessions or speaker honoraria.

Activity Title: 2nd Annual Idaho Breastfeeding Summit

Activity Date: June 28 and 29, 2018 Activity Format: X Live Enduring

Name of Commercial Interest/Supporter: _____

Commercial Interest Representative: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Amount of Support \$ _____

Type of Support: In-Kind Support – Describe:

Financial

Unrestricted

Restricted

Speaker honorarium

Speaker travel expenses

Meal function

Other – Describe:

Note: Double click the shaded box, select the option "Checked" and press Ok to mark the appropriate box with a checkmark.

| TERMS & CONDITIONS – please check each box below to indicate your understanding and agreement to terms | |
|---|--|
| <input type="checkbox"/> | All organizations must comply with the ANCC <i>Content Integrity Standards for Industry Support in Continuing Education Activities</i> |
| <input type="checkbox"/> | Organizations providing commercial support for an educational activity may not influence the planning, implementation or evaluation of the educational activity, including: <ul style="list-style-type: none"> • Assessment of learning needs • Determination of objectives • Selection or development of content • Selection of planners, presenters, authors and/or content reviewers • Selection of teaching/learning strategies • Evaluation methods |
| <input type="checkbox"/> | A Commercial Interest Organization may not jointly provide educational activities |
| <input type="checkbox"/> | The Individual Activity Provider/Applicant will make all decisions regarding the disposition and disbursement of commercial support in accordance with the ANCC/MSD Accreditation criteria. |
| <input type="checkbox"/> | Commercial support will be disclosed to the learners participating in the educational activity |
| <input type="checkbox"/> | A Commercial Interest Organization may not exhibit, sell or promote its goods or services in relation to the content of an educational activity at any time during which the educational activity takes place including the introduction and conclusion of the activity, regardless of the format of the educational activity |

| | |
|--------------------------|--|
| <input type="checkbox"/> | Advertisements promoting the products or services of a Commercial Interest Organization in relation to the content of an educational activity must be physically separated from the educational activity, regardless of the format of the educational activity |
| <input type="checkbox"/> | Commercial Interest Organizations may provide giveaways for learners, as long as there is physical separation between accessing the giveaway and learner engagement in the educational activity |

By signature below, the representatives (1) acknowledge they are duly authorized to enter into binding contracts on behalf of the Commercial Interest and Individual Activity Provider/Applicant Organizations and (2) agree to comply with the terms and conditions outlined above.

INDIVIDUAL ACTIVITY PROVIDER/APPLICANT

Organization Name: Idaho Breastfeeding Coalition

Organization Representative: Pattie Hennequin

Signature: _____ Date: _____

COMMERCIAL INTEREST ORGANIZATION

Organization Name: _____

Organization Representative: _____

Signature: _____ Date: _____