

Dear Colleague:

We would like to invite you to be part of the success of NH Community Health Workers 4th summit. There are two ways to support our summit: Sponsor or Exhibitor.

This state-wide conference will take place on **June 26, 2019** at **The Grappone Conference Center, 70 Constitution Ave, Concord, NH.**

Exhibitor's fees will support speakers' fees and meeting expenses. Sponsor scholarships will support attendees.

Objectives for the conference will include:

- Explore CHW Certification in New Hampshire
- Discuss strategies utilized by CHW's in community and clinical roles
- List a benefit of being a CHW Coalition member
- Describe the essential role of CHW in combatting the opioid epidemic

Our target audience is:

- Representatives of health systems
- Community Health Workers
- Community Organizations

Community Health Worker scholarships:

Many CHWs attend this important conference without employer support.

You can help by donating toward scholarships

- Suggested donation: \$200 to support 4 attendees; 6 for \$300.00; 8 for \$400.00

Your generous donation will be recognized in printed materials and on screen at the event.

Exhibitor fees and instructions:

- Table fee is \$500 and Includes one free registration and table
- Registration form enclosed
 - Mail form with enclosed check to SNHAHEC or contact us for credit card payment
 - Tax ID# 23-7305106
- Colleagues can attend at a reduced fee of \$50.00 each

Deadline for to reserve an exhibitor's table is **May 10, 2019.**

Thank you for supporting the Community Health Worker summit. We look forward to seeing you there.

Please contact Nitanga Jean De Dieu at nitanga@snhahec.org with questions.

Respectfully, Paula Smith, AHEC Director

NH Community Health Workers 4th Summit, *The Path Forward*

Please return this form to Southern NH Area Health Education Center by May 10, 2019.

EXHIBIT TABLE – \$500

- Acknowledgement in program materials for the day of the conference (please provide logo).
- Verbal acknowledgement of your support at the event.
- Free registration and lunch for one (1) attendee.

Exhibitor

Amount: \$

Company: _____

Name: _____

Title: _____

Email: _____

Telephone: _____

Signature: _____

Date: _____

Additional conference attendees may attend with a \$50 registration fee (fee to be included in exhibit space check or paid via credit card)

Name: _____ Email: _____
Name: _____ Email: _____
Name: _____ Email: _____

Scholarship Support

- \$200 to support 4 attendees;
- \$300 to support 6 attendees
- \$400 to support 8 attendees
- Other: _____

Payment is required in advance to reserve event the exhibit tables. Upon receipt of registration materials, the exhibitor/supporter contacts will receive more information regarding conference time and room assignment, marketing requirements (including details about image files to be included in printed and web-based recognition), and other details. Please make checks payable to **SNHAHEC** and mail to:

Southern NH Area Health Education Center | 128 State Route 27. Raymond, NH 03077

For more information, please contact Nitanga at (603) 895-1514 x2 or nitanga@snhahec.org

