

The Coalition for Behavioral Health Presents

INNOVATION INTO PRACTICE: THE FUTURE IS NOW



February 1, 2018
8:30am-4:30pm

Congregation Rodeph Shalom
7 West 83rd Street, New York, NY 10024

VENDOR AND SPONSOR PROSPECTUS

The Coalition for Behavioral Health (The Coalition) invites you to support our tenth annual Policy Forum *Innovation into Practice: The Future is Now* scheduled for February 1, 2018. Last year's conference was a huge success! By participating as a vendor at this event, you will be able to inform attendees of your products and services, increase your sales, and exchange ideas while networking with over 300 chief executive officers and senior professionals in community behavioral health and substance use services.

SPACE IS LIMITED!

Don't miss this exclusive opportunity to increase your visibility and establish personal contacts with industry leaders.

VENDOR & SPONSORSHIP OPPORTUNITIES

- Vendors will have prime space in the meeting room, with time & exposure to attendees throughout the day
- Vendors may have two complimentary representatives at their table top display
- Additional representatives must register for the conference

EXHIBIT DATES & HOURS:

Set Up: Thursday, February 1, 7:30am

Show Begins: 8:30am - Coffee / Registration with Exhibitors

Breakdown: Thursday, February 1, 4:00pm Vendors cannot break down during the conference proceedings.

VENDOR FEES:

Affiliate Member: \$1,000

Non-Member: \$1,500

SPONSORSHIPS:

Gold: \$10,000

Breakfast Sponsor: SOLD

Silver: \$5,000

Lunch Sponsor: SOLD

Bronze: \$3,000

Networking Breaks: \$5,000

The table top spaces are limited; please register soon. This is a premier opportunity to meet exclusively with CEOs, Senior Managers and CFOs of behavioral health and substance use agencies in New York City, Westchester, Orange, Rockland, Long Island and around the state.



**The Coalition for
Behavioral Health, Inc.**

123 William Street, Suite 1901
New York, NY 10038
www.coalitionny.org
212-742-1600

BECOME AN AFFILIATE MEMBER

As an Affiliate Member, your organization will have direct access to CEOs and senior managers from community behavioral health agencies in New York City and surrounding areas. Your organization will be kept up to date on the issues and concerns that are of greatest importance to the community-based behavioral health sector.

Annual Dues Rates:

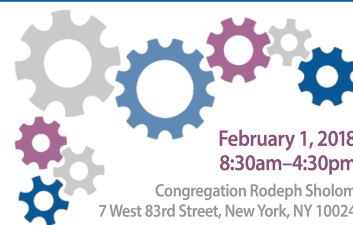
Premier Affiliate Member: \$10,000

Affiliate Member: \$5,000

Please contact Jason Lippman at jlippman@coalitionny.org for further information about affiliate membership categories and benefits.

The benefits of Affiliate Membership consist of:

- Attending Coalition meetings, workshops and seminars
- Receiving membership mailings
- Eligibility for member only discounts for conferences and purchases
- Access to Coalition Senior Staff to discuss high priority issues
- Listing on the Coalition website as an Affiliate Member accompanied by a brief description of your organization and link to your website
- Receive a 33% discount on the package of opportunities related to the Annual Conference including a table top vendor display and access to the attendee contact list
- Access to Coalition members through special presentations demonstrations or webinars.



APPLICATION & CONTRACT

1. GENERAL INFORMATION *Please Print or Type*

Contact Name: _____

Title: _____

Company / Organization Name: _____

Address: _____

City / State / Zip: _____

Email: _____ Phone: _____

Please note your company's information how you would like it listed on our conference material, if different from above:

Contact Name: _____ Title: _____

Company / Organization Name: _____

Address: _____

City / State / Zip: _____

Email: _____ Phone: _____

2. DESCRIPTION OF SERVICES AND PRODUCTS *For inclusion in conference materials.*

Please limit to 2 to 3 sentences

3. VENDOR & SPONSORSHIP FEES

We understand that this application becomes a contract when signed by us and accepted by The Coalition.
SPACE IS VERY LIMITED! This is an exclusive opportunity!

Gold: \$10,000 Silver: \$5,000 Bronze: \$3,000 Affiliate Member: \$1,000

Breakfast: SOLD Lunch: SOLD Networking Breaks: \$5,000 Non-Member: \$1,500

4. NAME BADGES

Please list the names of each representative attending the exhibit. Your name will appear exactly as you indicate below.

1. _____ 2. _____

PAYMENT MUST ACCOMPANY CONTRACT. PLEASE NOTE PAYMENT TYPE BELOW

Enclosed please find a check for the amount: \$ _____ Check #: _____ (*Payable to: The Coalition for Behavioral Health*)

Credit Card: MasterCard Visa American Express Name on Card: _____

Credit Card #: _____ Exp. Date: _____ / _____

Security Code: _____ Signature: _____



Mail completed form and payment to:

The Coalition for Behavioral Health, 123 William Street, Suite 1901, New York, NY 10038

Phone: 212 742 1600 **Web:** www.coalitionny.org

Email: conference@coalitionny.org