



Family Voices of Mississippi

Partners in Health Care Advocacy & Leadership Summit

“Strengthening the Connection, Working As Partners”

This year Family Voices of Mississippi will bring together youth with special health care needs, their family and friends, and various professionals to learn about the importance of their roles in the health care transition process and advocacy during the **Partners in Health Care Advocacy & Leadership Summit**. The summit will be held in two locations (Tupelo, Mississippi and Pearl, Mississippi) in March 2018 to make sure this learning experience would be within reach for as many advocates and professionals as possible.

The participants will learn the “how, why, when, & who” of the transition process and learn why partnership between the youth, family, and professionals are important to the success of the health care transition process.

The summit will consist of informative and interactive sessions. The speakers will consist of great local professionals, self-advocates, and parents.

The targeted audience for the summit consists of:

- Self-Advocates/Students (youth & young adults with disabilities)
- Parents
- Case Managers/Social Workers
- School Nurses/Administrators
- Counselors
- Direct Support Providers
- Physicians
- And MANY others.

The unique community that will attend the **Partners in Health Care Advocacy & Leadership Summit** brings many benefits for sponsors and exhibitors. Partnering with Family Voices of Mississippi provides:

1. The opportunity to share information about services and products offered;
2. Access to consumers with the need to utilize your services;
3. The ability to learn more about the best practices surrounding assisting families and youth with special health care needs;
4. And quality professional development on the topic.

Being a sponsor or exhibitor demonstrates your commitment to equality, opportunity, inclusion, and the highest quality of life for people with disabilities. Family Voices of Mississippi is offering a variety of opportunities for sponsors (see page 2). As an exhibitor at the summit you will receive:

- One full day of exhibiting (7:30am-4:30pm);
- One skirted table and two chairs;
- Organization/Business Name and Logo on Website
- Lunch

	Sponsorship Levels & Benefits				
	Premier \$2,000-\$2,500	Platinum \$1,500-\$1,999	Gold \$1,000-\$1,499	Silver \$500-\$999	Bronze \$250-\$499
Venue Sponsor	<input type="checkbox"/>				
Meal & Snacks Sponsor		<input type="checkbox"/>			
Breakout Session Sponsor			<input type="checkbox"/>		
10% Discount on additional registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
One Complimentary Exhibit Space (at both locations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Logo & Link on Conference Website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Complimentary Registration	<input type="checkbox"/> (4)	<input type="checkbox"/> (3)	<input type="checkbox"/> (2)	<input type="checkbox"/> (1)	
Name Listed on Conference Website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two Inserts for Summit Bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition on Conference Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Below are the fees that participants and exhibitors will have to pay to attend the summit. **All non-profit organizations will need to provide their IRS designated Tax ID number on the application for verification purpose.**

<u>Registration Fee</u>	<u>Exhibitor Fee</u>
Youth/Self-Advocate....\$15	For-profit/Government Agency....\$100 per location
Parent/Sibling.....\$20	Non-profit.....\$65 per location
Professional.....\$60	Self-Advocate.....\$35 per location

If your organization/company cannot attend the summit, you can send an item you would like to have put in the participants bags for a fee of \$35. Please send at least 250 copies of the item. The deadline to reserve exhibitor space, sign up to be a sponsor, and provide payment is **Wednesday, January 10, 2018**. We will only accept checks, money orders, or credit card (via website). Exhibitor space is limited in both locations!

We hope that you will take this opportunity to partner with us and assist in empowering people with disabilities and their family by providing them with needed resources to help them gain good quality health care and becoming stronger advocates. If you have any questions, please contact Keishawna Smith at (601) 432-6929 or send an email to ksmith@ihl.state.ms.us.

**Family Voices of Mississippi's
Partners in Health Care Advocacy & Leadership Summit
Sponsorship/Exhibitor Registration**

I would like to partner as a: Sponsor Exhibitor Both

Contact Person: _____

Organization/Business Name: _____

Organization Type: Government Agency For Profit Non Profit* Self-Advocate

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ FAX: _____

Email: _____

Business Website Address: _____

*If you are registering as non-profit, please provide you IRS Tax ID #: _____

All **exhibitors** are allowed **two (2)** complimentary registrations and for sponsors the number depends on your sponsorship level (see chart). Below please list the name of the individuals who you have chosen to receive the complimentary registration. Substitutions will be allowed up to 5 days prior to the event date.

(1) _____ (2) _____

(3) _____ (4) _____

Sponsorship

Sponsorship Level (choose one): Premier Platinum Gold Silver Bronze

Sponsorship Amount: \$ _____

Exhibitor

Will you be exhibiting at both locations and just one? One _____ (location) Both

For Profit/Government Agency: \$100 per location x _____ (# of locations) = \$ _____

Non Profit: \$65 per location x _____ (# of locations) = \$ _____

Self Advocate: \$35 per location x _____ (# of locations) = \$ _____

Total Amount Due: \$ _____

Please make checks or money orders payable to: **Family Voices of Mississippi**

Mail payment to: **Family Voices of Mississippi, 3825 Ridgewood Road #729, Jackson, Mississippi 39211**

If you have questions, please contact Keishawna Smith at (601) 432-6929 or send an email to ksmith@ihl.state.ms.us.