



Idaho Pressure Ulcer Prevention Coalition | 6th Annual Consensus Meeting
Friday, November 2
Location: TBA
Boise, ID

Company Name: _____ **Contact Person:** _____
Title: _____ **E-Mail:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____ **Cell:** _____
Additional Representatives: _____

The Idaho Pressure Ulcer Prevention Coalition is tremendously grateful for the support we receive from our exhibitors. We could not put on the 6th Annual Pressure Ulcer Prevention Coalition Consensus Meeting without you! ***If assisting with sponsorship (breakfast, lunch, afternoon break, or speaker) of the conference, your company logo will be included on promotional materials, you will receive sponsor recognition at the event, and your exhibit is provided complimentary. All registered exhibitors will receive 2 registration vouchers for the event to distribute – registration and payment in full must be received prior to enjoying all of these benefits.***

Sponsorship Opportunities	Amount	Total
Breakfast	\$1,000.00	
Lunch	\$1,500.00	
Coffee/Tea Service (does not include complimentary exhibit)	\$500.00	
Exhibit Fee (These are table top displays which include a draped table, 1 chair and small garbage can. If you need space to display large equipment, please contact the event coordinator as soon as possible so arrangements can be made.)	\$450.00	
Please check the box if you will be providing a door prize at your exhibit	<input type="checkbox"/>	
Speaker Sponsors:		
Joyce Black, PhD, DNS (Hon), RN, CPSN, CWCN, Associate Professor, UNMC, College of Nursing, Omaha, NE	\$2,500.00	
Dot Weir, RN and Program Director of The Wound Healing Center of Osceola Regional Medical Center, Orlando, FL	\$2,500.00	
Susan Gallagher Camden PhD, MSN, MA, RN, CBN, Clinical Advisor for the Celebration Institute in Houston, Texas	\$3,250.00	
Barbara J. Braden, PhD, RN, Dean, University College at Creighton University and Summer Sessions at Creighton University in Omaha, NE	\$2,500.00	
TOTAL:		

Please check one:

Check Enclosed (please make checks payable to IHCA-ICAL) Visa MasterCard

Card Number:

Billing Zip Code: _____ Expires: _____/_____/_____ (mm/yy)

Signature: _____

After you have submitted your registration & payment, please email your company logo to Jill Rice, Event Coordinator, Jill@ihca-ical.org.

MAIL
 PUP-C Consensus Mtg.
 c/o IHCA-ICAL
 1524 W. Cayuse Creek Drive, Meridian, ID 83646

FAX
 (208) 342-6891

Email
Jill@ihca-ical.org

QUESTIONS
 Jill Rice, Event Coordinator
 208-343-9735