



# *SPONSORSHIP Packet*

*Cultivating "You, Inc."*

*A Clearly Defined Voice to Success*

August 21, 2015 | 7:30 am – 5:30 pm | Overland Park Convention Center

<http://www.kumc.edu/wims/2015-healthcare-and-justice-conference.html>

## Packet Contents

- A. Sponsor Levels and Benefits Flyer**
- B. Conference Sponsor's Tax Letter**
- C. Contribution Payment Form**
- D. 2 versions of the contributor's agreement required by Continuing Education**
  - i. **Letter of Agreement for Commercial Support** from healthcare related businesses.
  - ii. **Sponsorship Agreement** for Non-Commercial sponsors from all non-healthcare related businesses such as non-profit groups, law firms, retail businesses, etc.
- E. Tri-fold, double-sided Flyer**

## Instructions:

- 1) The **Conference Sponsor's Tax Letter** your company will need.
- 2) The **Sponsor Levels and Benefits** Flyer will help you decide which category of support you wish to contribute.
- 3) Contribution **payment options** are by check or credit card (VISA or MasterCard only).
- 4) To submit your payment please complete the **Contribution Payment Form** and return it following the instructions provided on the form, along with your payment.
  - a. NOTE: Depending upon the category you select, we will need the names to match with the number of conference tickets provided with your contribution. Actual tickets will not be issued, but upon check-in the day of the conference, each person must be listed on our registration record to correspond with your contribution. Please send these names with your payment, or, submit them to Marty McLaughlin [mmclaughlin@kumc.edu](mailto:mmclaughlin@kumc.edu) as soon as you know who will attend to fill the seats provided with your Sponsorship Level.
  - b. After your payment is received:
    - i. you will receive a confirmation via email from [mmclaughlin@kumc.edu](mailto:mmclaughlin@kumc.edu)
    - ii. your company name will be added to the website as a contributing sponsor
- 5) The conference CME and CNE is accredited by the University of Kansas Medical Center, Office of Continuing Education. To fulfill their requirements all contributors must complete only one of the two forms mentioned in Section C above. This form must be returned with your contribution payment.

If you have any questions, please feel free at any time to contact either one of us for assistance. Thank you for your generous contribution is a huge commitment to the growth of women healthcare and attorney leaders in the Kansas City community and beyond.

Thank you,

### **Ms. Marty McLaughlin**

Executive Director  
Office of Academic Affairs and Graduate Studies  
Women in Medicine and Science (WIMS)  
University of Kansas Medical Center  
5011 Wescoe Pavilion, Mailstop 1040, Kansas City,  
KS 66160  
913.787.1707 cell & office | [mmclaughlin@kumc.edu](mailto:mmclaughlin@kumc.edu)  
(email is preferred due to hearing impairment)

### **Suzanne Dell-St. Clair**

Associate Development Director - Public Health and  
Preventive Medicine  
WIMS Sponsorship Drive Endowment Representative  
University of Kansas Medical Center  
4125 Rainbow Blvd., Mailstop 3012  
Kansas City, KS 66160  
913-945-6169 | [sstclair@kuendowment.org](mailto:sstclair@kuendowment.org)



# SPONSORSHIP

## *Cultivating "You, Inc."* *A Clearly Defined Voice to Success*

The first of its kind in the Kansas City area and region, **The Healthcare & Justice Conference** is a premier leadership development conference which targets an audience of woman and their male colleagues, from private medical or legal practices, and healthcare research. They will join university faculty members and leaders from schools of law, medicine, nursing, and health professions, to learn, collaborate, and network. The conference, presented by the *University of Kansas Women in Medicine and Science Organization (WIMS)* will include nationally recognized speakers who will challenge obstacles to success in the professional and personal lives of women and men across all specialties.

**As a sponsor:** Your sponsorship will position you or your company as a strong supporter of developing *women leaders* with careers as higher education faculty members, legal, or healthcare professionals, and gain visibility for your company with influential men and women decision makers in the region.

## SPONSORSHIP LEVELS & BENEFITS

**\$15,000**

Presenting "Legends"  
Reception Sponsor

### **Presenting "Legends" Reception Sponsor**

**YOU PROVIDE** – resource support for refreshments during the "Lessons from 9 Legends" final plenary hour and reception

**YOU RECEIVE** - Opportunity to provide short opening statement for the "Lessons from Legends" final plenary hour and reception; Top recognition as the sponsor of the "legends" reception with Your Name on pre-event publicity, conference website, conference materials and signage; and ten (10) conference attendees with premium table placement

**\$12,000**

Presenting Keynote Speaker  
Sponsor

### **Presenting Keynote Speaker Sponsor**

**YOU SPONSOR** – resource support for the Keynote guest speaker

**YOU RECEIVE** – Introduction and recognition as the sponsor of the Keynote Guest Speaker, Your Name on pre-event publicity, conference website, conference materials and signage; and five (5) conference attendees with premium table placement

**\$10,000**

Plenary Session Sponsor

### **Plenary Session Sponsor (2 available)**

**YOU PROVIDE** – resource support for one of two plenary guest speakers for the conference.

**YOU RECEIVE** – Introduction and recognition as the sponsor of one of the plenary Guest Speakers; Your Name on pre-event publicity, conference website, conference materials and signage; and five (5) conference attendees with premium table placement.

**\$6,000**

Luncheon Sponsor

### **Luncheon Sponsor**

**YOU PROVIDE** – resource support for the lunch for all conference attendees

**YOU RECEIVE** – Introduction and recognition as the sponsor for the conference luncheon; Your Name on the LUNCHEON signage, on conference website and conference materials; and five (5) Conference Attendees with premium table placement

**\$4,000**

Supporting Sponsor

### **Supporting Sponsor**

**YOU PROVIDE** – resource support for the 2015 Healthcare & Justice Conference

**YOU RECEIVE** – Your Name on the conference website and conference materials; and three (3) Conference Attendees with premium table placement

**\$2,000**

Breakout Session Sponsor

### **Breakout Session Sponsor**

**YOU PROVIDE** – resource support for one of twelve breakout sessions during the 2015 Healthcare & Justice Conference

**YOU RECEIVE** – Your Name on BREAKOUT ROOM signage, the conference website and conference materials; and two (2) Conference Attendees with premium table placement

**\$1,000**

Contributing Sponsor

### **Contributing Sponsor**

**YOU PROVIDE** – resource support for the 2015 Healthcare & Justice Conference

**YOU RECEIVE** – Your Name on BREAKOUT ROOM signage, the conference website and conference materials; and one (1) Conference Attendees with premium table placement

**Contacts:** Ms. Marty McLaughlin [mmclaughlin@kumc.edu](mailto:mmclaughlin@kumc.edu) or Ms. Suzanne Dell St. Clair [ssclair@kuendowment.org](mailto:ssclair@kuendowment.org)



**1<sup>ST</sup> LEADERSHIP CONFERENCE IN KANSAS CITY  
FOR HEALTHCARE &  
LEGAL PROFESSIONALS  
AUGUST 21, 2015**

*The first premier leadership conference of its kind in the Kansas City area and region*

March 19, 2015

Dear Friends:

By now you have likely heard about **The 2015 Healthcare and Justice Conference** being presented August 21st, 2015 at the Overland Park Convention Center by *The University of Kansas Medical Center Women in Medicine and Science (WIMS)*, the *Joy McCann Professorship for Women in Medicine and Science*, and *University of Kansas Medical Center Continuing Education & Professional Development*. For planning purposes, legal and healthcare professionals from the Kansas City community participated on the committee.

On behalf of **The Healthcare & Justice Conference** your support is sought to help educate emerging community leaders in our medical or legal private practices and healthcare research industry, along with university faculty members from schools of law, medicine, nursing, and health professions, to learn, achieve and lead. Your sponsorship will position you or your company as a strong supporter of developing women leaders with careers as higher education faculty members, legal, or healthcare professionals, and gain visibility for your company with influential men and women decision makers in the region.

WIMS ability to continue providing educational programs of this caliber will be due in large part to the generous support from businesses, corporations and individual donors. To learn more about the organization, or the conference agenda and speakers, please visit <http://www.kumc.edu/wims/2015-healthcare-and-justice-conference.html>

Thank you for your time and commitment to the growth of women healthcare and justice leaders in our Kansas City community and beyond,

Ms. Marty McLaughlin  
Executive Director, KUMC Office of Academic Affairs & Graduate Studies  
WIMS 2015 Healthcare & Justice Conference Sponsorship Chairwoman  
Tel. 913-787-1707 | Email: [mmclaughlin@kumc.edu](mailto:mmclaughlin@kumc.edu)  
Enclosures

*WIMS is a Section 501(c)3 nonprofit and your donation qualifies as a charitable deduction for federal income tax purposes, minus the amount of the conference tickets provided with a sponsorship level.*

*This letter will serve as your receipt for your generous*

Gift of: \_\_\_\_\_ Value: \_\_\_\_\_

*No goods or services were provided to you as a result of this donation.*



# 1<sup>ST</sup> LEADERSHIP CONFERENCE IN KANSAS CITY FOR HEALTHCARE & LEGAL PROFESSIONALS AUGUST 21, 2015

*The first premier leadership conference of its kind in the Kansas City area and region*

**SUBMIT THIS FORM WITH YOUR CONTRIBUTION**



**1.) CORPORATE SPONSOR'S NAME** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

CORPORATE Sponsor's Representative \_\_\_\_\_

TEL. \_\_\_\_\_ FAX \_\_\_\_\_ Email: \_\_\_\_\_

## 2.) Sponsorship Category (Select One)

- ☐ **\$15,000 "Legends" Reception Sponsor**  
*Donation Value: \$14,000 (\$15,000 –10 seats @ \$100 each)*
- ☐ **\$10,000 Plenary Session Sponsor (2 available)**  
*Donation Value: \$9,500 (\$10,000 –5 seats @ \$100 each)*
- ☐ **\$6,000 Conference Luncheon Sponsor**  
*Donation Value: \$5,500 (\$6,000 –5 seats @ \$100 each)*
- ☐ **\$4,000 Supporting Sponsor**  
*Donation Value: \$3,700 (\$4,000 –3 seats @ \$100 each)*
- ☐ **\$2,000 Breakout Session Sponsor (12 available)**  
*Donation Value: \$1,800 (\$2,000 –2 seats @ \$100 each)*
- ☐ **\$1,000 Contributing Sponsor**  
*Donation Value: \$900 (\$1,000 –1 seat @ \$100 each)*
- ☐ **\$\_\_\_\_\_ Amount you would like to donate.**

## 3.) Payment

☐ CHECK enclosed, payable to **KUMC WIMS 39917**

### Mail checks to:

Healthcare & Justice Registrar | 5011 Wescoe  
Pavilion Mailstop 1040 | 3901 Rainbow Blvd. |  
Kansas City | Kansas | 66160

☐ MasterCard ☐ VISA (no other cards accepted)

FAX: 913-588-7028 or Email to: [mmclaughlin@kumc.edu](mailto:mmclaughlin@kumc.edu)

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ 3-digit Security Code: \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_

Cardholder's Phone # \_\_\_\_\_

Name on Card (PRINT) \_\_\_\_\_

Cardholders' Signature: \_\_\_\_\_

## 4.) My Sponsorship Guest Names (for the number of seats provided) include (as it needs to read on their name badge:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

*100% of your gift will be used to benefit the 2015 Healthcare & Justice Conference, **minus** the value of the ticket seats provided with the sponsor category you select.*

KU Endowment is a nonprofit organization and the official fundraising foundation for the University of Kansas. The University of Kansas Hospital is a partner in philanthropy with KU Endowment. We use 100% of your gift for the purpose you choose.

**Need Help?** Call Suzanne Dell-St. Clair, the WIMS Endowment Representative, Monday through Friday, 8 a.m. to 5 p.m. CT, at 785-832-7316, or toll free at 800-444-4201 ext 316. Or email her at [ssclair@kuendowment.org](mailto:ssclair@kuendowment.org). If you're interested in creating an **endowed fund** or setting up a **planned gift**, Suzanne will be happy to help you do so in your area of interest.

*Thank you*

The University of Kansas Continuing Education & Professional Development (KUMC CE/PD) is committed to presenting CME/CNE activities that promote improvements or quality in healthcare and are independent of the control of commercial interests. As part of this commitment, KUMC CE/PD has outlined in this written agreement the terms, conditions, and purposes of commercial support for its CE activities. Commercial Support is defined as financial, or in-kind, contributions given by a commercial interest<sup>1</sup>, which is used to pay all or part of the costs of a CE activity.

<b>Title of CME/CNE Activity</b> 2015 Healthcare & Justice Conference			
<b>Activity Location</b> Overland Park Convention Center		<b>Activity Date</b> August 21, 2015	
<b>Name of Commercial Interest</b>			
<b>Amount of Educational Grant</b> \$ _____  <b>If applicable, amount of in-kind value:</b> \$ _____			
<b>Grant will be used for the following:</b> <input type="radio"/> Unrestricted Educational Grant for the support of the CME activity. <input type="radio"/> Restricted grant to reimburse the following expenses:			
<b>Speaker Honoraria</b> (amount to be determined by the course director)  (\$ _____)	<b>Speaker Expenses</b> (travel, meals, hotel)  (\$ _____)	<b>Meeting Expenses</b>  (\$ _____)	<b>Other (List)</b>  (\$ _____)

### Terms, Conditions, and Purposes

#### Independence

- This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the Commercial Interest.
- The Accredited Provider and and Education Partner (if applicable) are responsible for all decisions regarding the identification of educational needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME/CNE, selection of education methods, and the evaluation of the activity.
- Funds should be in the form of an educational grant made payable to the "KU Endowment Association – CM39917" (Fed Tax ID #xx-xxxxxx), c/o KUMC Continuing Education & Professional Development, Mail Stop 4001, 3901 Rainbow Blvd., Kansas City, KS 66160-7108. (b) All other support associated with this CME/CNE activity (e.g., distributing brochures, preparing slides) must be given with the full knowledge and approval of KUMC Continuing Education & Professional Development and Educational Partner. (c) No other funds from the commercial company will be paid to the program director, faculty, or others involved with the CE activity (additional honoraria, extra social events, etc.).

#### Appropriate Use of Commercial Support

- The Accredited Provider and/or Education Partner will make all decisions regarding the disposition and disbursement of the funds from the Commercial Interest.
- The Commercial Interest will not require the Accredited Provider or Education Partner to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving this grant.
- All commercial support associated with this activity will be given with the full knowledge and approval of the Accredited Provider and Education Partner. No other payments shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.
- The Accredited Provider and/or Education Partner (if applicable) will upon request, furnish the Commercial Interest documentation detailing the receipt and expenditure of the commercial support.

## Commercial Promotion

8. Product-promotion material or product-specific advertisement of any type is prohibited in or during the CE activity. The juxtaposition of editorial and advertising material on the same products or subjects is not allowed. Live or enduring promotional activities must be kept separate from the CE activity. Promotional materials cannot be displayed or distributed in the education space immediately before, during or after a CE activity. Commercial Interests may not engage in sales or promotional activities while in the space or place of the CE activity.
9. The Commercial Interest may not be the agent providing the CE activity to the learners.

## Disclosure

10. The Accredited Provider and/or Education Partner (if applicable) will ensure that the source of support from the Commercial Interest, either direct or "in-kind," is disclosed to the participants, in CE activity brochures, syllabi, and other CE activity materials, and at the time of the activity. This disclosure will not include the use of a trade name or a product-group message. The acknowledgment of commercial support may state the name, mission, and clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.

The Commercial Supporter, Education Partner (if applicable) and KUMC CE/PD agree to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) and the American Nurses Credentialing Center (ANCC) "*Standards for Commercial Support of Continuing Medical Education*" (appended).

Name of Accredited Provider		University of Kansas Medical Center	
Tax ID Number		48-0547734	
Contact Person	Pam Simpson	Email Address	psimpson3@kumc.edu
Phone Number	913-588-4543	Fax Number	913-588-4486
Educational Partner (if applicable)			
Contact Person	Marty McLaughlin	Email Address	mmclaughlin@kumc.edu
Phone Number	913-787-1707	Fax Number	913-588-7028
Tax ID Number	48-1124839		
Name of Commercial Interest			
Address			
City, State, Zip			
Contact Person		Email Address	
Phone Number		Fax Number	

## Agreed by Authorized Representatives

### Commercial Interest

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

### Accredited Provider

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

### Educational Partner (If applicable)

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

<sup>i</sup> The ACCME defines a Commercial Interest as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies. The ACCME does not consider providers of clinical service directly to patients to be commercial interest.



## Sponsorship Agreement



Title of Activity: 2015 Healthcare & Justice Conference  
Activity Location: Overland Park Convention Center  
Activity Date(s): August 21, 2015  
Sponsor: WIMS

A Sponsor is defined as a **non-commercial** entity that provides either money or in-kind services to support an educational activity (JCEN 41(12):535, 2010). The University of Kansas Continuing Education (KUMC CE) and The University of Kansas School of Nursing are committed to presenting CE activities that promote improvements or quality in healthcare and are independent of the control of Sponsors. As part of this commitment, we have outlined in this written agreement the terms, conditions, and purposes of sponsorship for our CE activities.

Please complete the appropriate sections below.

<b>A. <input type="radio"/> Sponsor will provide financial support by check</b>	
Provided by check in the amount of \$ _____	
Make check payable to <b>KUMC WIMS 39917</b> and mail to <i>Healthcare &amp; Justice Conference Registrar, 5011 Wesco Pavilion, Mailstop 1040, 3901 Rainbow Blvd, Kansas City, Kansas 66160.</i>	
<input type="radio"/> Unrestricted, to be used for any CE activity expense at the discretion of the accredited provider	
<input checked="" type="radio"/> Restricted, to be used specifically for the following CE activity expenses:	
<input type="checkbox"/> Speaker Honoraria (amount to be determined by the course director)	\$ _____
<input type="checkbox"/> Speaker Expenses (travel, meals, hotel, etc.): _____	\$ _____
<input type="checkbox"/> Other Activity Expenses: _____	\$ _____

<b>B. <input type="radio"/> Sponsor will provide direct payment of the following program related expenses</b>	
<i>If the amount listed below is estimated, provide the final budget as soon as possible following the activity date.</i>	
<input type="checkbox"/> Speaker Honoraria (amount to be determined by the course director)	\$ _____
<input type="checkbox"/> Speaker Expenses: travel \$ _____ meals \$ _____ hotel \$ _____ Other: \$ _____	\$ _____
<input type="checkbox"/> Other Activity Expenses: _____	\$ _____

<b>C. <input type="radio"/> Sponsor will provide In-Kind Support</b>	
Description of In-Kind Service(s): _____	
Please assign a dollar amount to the above in-kind service(s):	\$ _____

Terms and Conditions	
The Accredited Provider maintains responsibility for all decisions related to the activity as described below.	
1.	This activity is for educational purposes only and will not promote any proprietary interest of an organization providing sponsorship.
2.	The Accredited Provider is responsible for all decisions related to the educational activity. The organization providing sponsorship may <b>not</b> participate in any component of the planning process of an educational activity, including planning, implementation and/or evaluation.
3.	The Accredited Provider will make all decisions regarding the disposition and disbursement of sponsorship in accordance with ANCC criteria.
4.	All sponsorship associated with this activity will be given with the full knowledge and approval of the Accredited Provider. No other payments shall be given to any individuals involved with the supported educational activity.
5.	Sponsorship will be disclosed to the participants of the educational activity.
6.	The organization providing sponsorship may not exhibit, promote or sell products or services during the introduction of an educational activity, while the educational activity takes place or at the conclusion of an educational activity, regardless of the format of the educational activity.

### Agreed by Authorized Representatives

	Sponsor	KUMC Accredited Provider	KUMC Educational Partner
	_____	_____	_____
	Signature and Date	Signature and Date	Signature and Date
Name	_____	Pam Simpson	Marty McLaughlin
Title	_____	Sr. Program Manager	Executive Director, Academic Affairs, Healthcare & Justice Conference Sponsorship Chairwoman
Address	_____	3901 Rainbow Blvd. Mail Stop 4001, Kansas City, KS 66160	3901 Rainbow Blvd. Mail Stop 1040, Kansas City, KS 66160
Phone/Fax	_____	913-588-4543/913-5884486	913-454-1707
Tax ID No.	_____	48-0547734	48-1124839