

COMMUNITY HEALTH CENTERS:
the FRONTLINE of
HEALTH CARE
Westin Savannah · October 4-6, 2010

**CONFERENCE SCHEDULE &
SUPPORT OPPORTUNITIES**

**THE WESTIN SAVANNAH HARBOR
AND
SAVANNAH INTERNATIONAL TRADE
& CONVENTION CENTER**

**GEORGIA ASSOCIATION FOR
PRIMARY HEALTH CARE, INC.**

CONFERENCE TENTATIVE SCHEDULE

Sunday, October 3rd

9:00 am – 5:00 pm: Booth Set-up in Savannah International Trade & Convention Center
SAVTCC Closes at 5pm

Monday, October 4th

8:30 am: Exhibits Open

8:30 am -10:00 am: Breakfast with Exhibitors

10:00 am - 12 Noon: Welcoming Session

12 Noon - 2:30 pm: Lunch and Dessert with Exhibitors

2:30 pm - 4:00 pm: Breakout Sessions

4:15 pm – 6:15 pm: Wii Competition for Conference Attendees and Supporters

6:30 pm: Exhibits Close

6:30 pm: PCCN Member Reception (Clinicians)

Tuesday, October 5th

8:30 am: Exhibits Open

8:00 am – 9:00 am: Breakfast with Exhibitors

9:00 am – 12:15 pm : Breakout Sessions

12:15 pm – 1:45 pm: Lunch & Dessert with Exhibitors

1:45 pm – 5:00 pm: Breakout Sessions

5:00 pm: Exhibits Close

6:30 pm: P.E.A.C.H. Awards Reception

7:00 pm: P.E.A.C.H. Awards Dinner



Wednesday, October 6th

8:30 am: Exhibits Open

8:00 am – 9:00 am: Breakfast with Exhibitors

9:00 am - 11:30am: Closing Session

11:30am: Booth Take-down

OCTOBER 4 - 6 2010
THE WESTIN SAVANNAH HARBOR
SAVANNAH, GEORGIA



The Georgia Association
For Primary Health Care



33RD ANNUAL GAPHC CONFERENCE

Support Registration. Please clearly print information exactly as it should appear in conference materials.
Please visit www.gaphc.org/Conf2010/vendor.html to register online or complete the form below and fax or mail.

Registrant's Name: _____

2nd Registrant's Name: _____

For more than two registrants, contact Deanne Messina to purchase additional conference passes.

Company Name: _____

Address: _____

Phone: _____ Fax: _____ Email address: _____

Please check here if you have any special needs that must be addressed in order to fully participate in the conference (i.e., dietary, physical, etc.). Please attach a brief description.

Exhibit Space, Program Advertisements and Support reservations will be awarded on a first come, first served basis determined by when payment is received.

- 1) PayPal
- 2) Make checks payable to GAPHC. Mail to GAPHC; Attn: Annual Conference; 315 W Ponce de Leon Ave; Suite 1000; Decatur, GA 30030
- 3) If paying with Visa or MasterCard (American Express and Discover NOT accepted), fax materials to 404-659-2801 or email to dmessina@gaphc.org

Name on Card _____

Visa MasterCard Account Number _____

Authorized Signature on credit card _____ ExpirationDate _____

Thank you for supporting Georgia's Community Health Centers!

Exhibit Space: \$ 700 _____

1. An Exhibit Space with one table and two chairs
2. Two full conference passes, including all meal and entertainment functions. Additional conference passes are available for purchase. Contact Deanne Messina if you will have more than two people attending from your organization.
3. Opportunity to include items in Attendee Conference Packet
4. Opportunity to give away Door Prizes

Program Advertising - Black & White or Color: (Electronic Artwork - preferably .pdf - MUST Be Received By September 8, 2010.)

- | | | | | |
|---------------------------------------|-------|--|--------|-------|
| <input type="checkbox"/> Quarter Page | \$185 | <input type="checkbox"/> One available: Inside Front Cover | \$ 600 | _____ |
| <input type="checkbox"/> Half Page | \$300 | <input type="checkbox"/> One available: Inside Back Cover | \$ 600 | _____ |
| <input type="checkbox"/> Full Page | \$400 | | | |

Support:

General Sessions \$3,000 _____
 Exclusive support of Monday's Opening Session
 Exclusive support of Wednesday's Closing Session

Breakout Sessions \$ 800 _____
 Exclusive support of designated session(s)

Breakfast with Exhibitors \$2,000 _____
 Exclusive support of Breakfast: Monday, Tuesday or Wednesday

Lunch with Exhibitors \$3,000 _____
 Exclusive support of Lunch: Monday or Tuesday

Wii Competition for Attendees \$3,000 _____
 Exclusive support of Wii Competition

PCCN Reception \$2,000 _____
 Exclusive support of PCCN Reception and Team Activities: Monday

GAPHC P.E.A.C.H. Awards

Exclusive support of Awards Reception \$2,000 _____

Exclusive support of Awards Dinner: Tuesday \$7,500 _____

Ads in Awards Dinner Program Book \$ 150 _____



Total Enclosed: \$ _____

All Exhibitors and Supporters are responsible for following the lawful guidelines of their industry regarding exhibiting in and supporting conferences and marketing to and reaching prospective customers and clients.
Hotel Accommodations: The Westin Savannah Harbor The GAPHC group rate is \$159 + tax per night and \$10 parking per day. For reservations, go to <http://www.starwoodmeeting.com/StarGroupsWeb/res?id=1002193191&key=5CC55> or call 1-800-228-3000 before September 2, 2010.
 For more information contact Deanne Messina at dmessina@gaphc.org or 404-659-2886.