

Missouri Coordinated School Health Coalition

To: Potential Exhibitors

From: Coordinated School Health Conference Planning Committee
Ken Steiner, Conference Coordinator, Steiner & Associates

Subject: **Invitation to Exhibit at the 19th Annual Coordinated School Health Conference
December 1-3, 2011, The Lodge of Four Seasons Resort, Lake Ozark, Missouri**

Another year has passed, and it is time to start planning for the **2011 Coordinated School Health Conference**. This year's theme is "**The Power of Partnership: Strengthening School, Family and Community Connections**". The conference sponsored by the Missouri Coordinated School Health Coalition anticipates approximately 300-400 participants. Participants will include health educators, school nurses, counselors, physical educators, school administrators, public health educators, and parents.

Exhibits are scheduled 7:15 a.m. – 1:00 p.m. Friday, December 2, 2011. The exhibit area will presently be in the Granada Ballroom, Salons B & C and the foyer outside the Ballroom. This will also be the site of the continental breakfast and lunch on Friday. **Please indicate your preferred location as we will try to accommodate your preference.** It is, however, based on a first come (paid space), first served basis. **You will be able to set up your exhibit between 6:00-8:00 p.m. on Thursday, December 1, 2011 or Friday morning.**

The fee for commercial exhibitors is \$245 per exhibit table. Tables will be skirted, with two chairs and an identification sign. One (1) complete meal package for Friday (Breakfast and lunch) is included in your exhibit fee. Additional meals may be purchased. If you need electrical outlets or any additional equipment for your exhibit, you will need to make arrangements with the Lodge of Four Seasons Resort. Those organizations having printed materials only, desire a resource table and will NOT be physically present, can secure a table for \$245. The materials should be sent to Steiner and Associates no earlier than 5 days before the conference. The Coalition will guarantee the table will be stocked with the materials sent.

In addition to exhibiting, there are many sponsorship opportunities available for your consideration. We are also seeking donations for door prizes to be given to conference attendees at various times throughout the conference.

Please return the enclosed form and the exhibit fee of \$245 by November 4, 2011 or sooner. Checks should be made payable to the Missouri Coordinated School Health Coalition (MCSHC), but mailed to Steiner & Associates. Space is limited, therefore we urge you to submit your registration as soon as possible.

You are responsible for your own lodging arrangements. Overnight room reservations must be made directly with The Lodge of Four Seasons Resort by calling 573-365-3000 or 888-265-5500. Specify that you are attending the Coordinated School Health Conference in order to receive the conference rate, which is \$83.00. Additional meal tickets will be available for you to purchase. Meals on Friday include a continental breakfast and lunch, which will cost you \$35.00 for each additional person, if desired. Please indicate on the registration form if you are purchasing these meals. Also, for those exhibitors wanting to attend the conference as a participant, there is a reduced price of \$95.

If you need further information, please contact Ken Steiner at 573/442-2963 or 573/489-0622 (cell phone). We hope to see you at the conference.

Enclosures: Registration Form
Sponsorship Form
Conference Agenda

Missouri's 19th Annual Coordinated School Health Conference

December 1-3, 2011

Commercial Exhibitor Registration Form

PLEASE SUBMIT REGISTRATION AND PAYMENT BY November 4, 2011

Company Name (to be used for sign): _____

Address: _____

City/state/zip: _____

Representative(s) of Company:

Name: _____ Telephone: _____ FAX: _____

Name: _____ Telephone: _____ FAX: _____

Address (if different from above): _____

I will need _____ table(s) X \$245 = \$ _____

I will need _____ table(s) X \$245 = \$ _____
(will not physically attend-materials will be sent) _____ yes

I prefer to be located: _____ inside the Ballroom _____ in the foyer

I will need an additional breakfast ticket _____ X \$10.00 = \$ _____

I will need an additional lunch ticket _____ X \$25.00 = \$ _____

I would like to donate a Door Prize _____ yes, description of item(s): _____

_____ no

NOTE: Exhibitors needing electrical outlets or any additional equipment will be responsible for making their own arrangements and the additional expense involved.

Method of Payment: Checks only

Make checks payable to: Missouri Coordinated School Health Coalition (MCSHC)

Mail check and completed form to:

Steiner and Associates
501 S. Cedar Lake Drive
Columbia, MO 65203-9183

Do you need special arrangements for your exhibit table? _____ yes, description:

_____ no

Space is limited. Please register as soon as possible to assure exhibit space at this conference.

2011 Coordinated School Health Conference Sponsorship Form

Please check all that apply, and return this form by Friday, November 4, 2011, with your check made out to the Missouri Coordinated School Health Coalition (MCSHC) to the address below.

Company Name:

Address:

Telephone: _____ Fax: _____

Contact Name/Title:

Thursday, Break

_____ \$500.00 – Full Sponsor

_____ \$125.00 – Co-Sponsor

Full-Sponsor - Recognized on a placard by breaks, introduced during welcome and listing in conference program.

Co-Sponsor – listing in the conference program

Friday, Breakfast

_____ \$1000.00 – Full Sponsor

_____ \$125.00 – Co-Sponsor

Full-Sponsor - Recognized on a placard at doorway of breakfast, introduced during welcome and listing in conference program.

Co-Sponsor – listing in the conference program

Friday, Lunch

_____ \$3,500.00 – Full Sponsor

_____ \$ 150.00 – Co-Sponsor

Full Sponsor – Recognized on a placard at doorway of lunch, introduced at lunch, five minutes of time during lunch, listing in the conference program and 1 free exhibit table and 2 free conference registrations. **Co-Sponsor** – Recognized on placard at doorway of lunch and listing in the conference program.

Keynote Speaker(s)

_____ \$500.00 – Full Sponsor

_____ \$125.00 – Co-Sponsor

Full-Sponsor - Recognized on a placard at doorway of session, introduced by moderator and listing in the conference program.

Co-Sponsor – listing in the conference program.

Method of Payment: **CHECKS ONLY**

Enclosed, please find our check for \$ _____

Make checks payable to: Missouri Coordinated School Health Coalition (MCSHC)

Return this form and your check to:

Steiner & Associates
501 S. Cedar Lake Drive
Columbia, MO 65203-9183

19th Annual Missouri Coordinated School Health Conference

Tentative Schedule

Thursday, December 1, 2011

Registration	8:00 a.m. – 4:30 p.m.
Pre-Conference	8:45 a.m. – 12:00 noon
Lunch on your own	12:00 noon – 1:00 p.m.
Pre-Conference	1:15 p.m. – 4:30 p.m.
Exhibit Set-up – Granada Ballroom B/C	6:00 p.m. – 8:00 p.m.

Friday, December 2, 2011

Registration	7:00 a.m. – 4:00 p.m.
Exhibits - Granada Ballroom B/C	7:15 a.m. – 1:00 p.m.
Breakfast – Granada Ballroom B/C	7:15 a.m. – 8:15 a.m.
Keynote Presentation	8:30 a.m. – 9:30 a.m.
Break (Beverage) Granada Ballroom B/C	9:30 a.m. – 10:00 a.m.
Concurrent Sessions	10:15 a.m. – 11:30 a.m.
Lunch – Granada Ballroom B/C	11:30 a.m. – 12:45 p.m.
Keynote Presentation	12:45 p.m. – 1:45 p.m.
Concurrent Sessions	2:00 p.m. – 3:15 p.m.
Concurrent Sessions	3:30 p.m. – 4:45 p.m.

Saturday, December 3, 2011

Breakfast	8:00 a.m. – 9:00 a.m.
General Session	9:00 a.m. – 11:30 a.m.
Conference Wrap-Up and Door Prizes	11:30 a.m. – 11:45 a.m.