HIMSS Interoperability Showcase™ at the 2018 Public Health Informatics Conference

The National Association of County and City Health Officials (NACCHO), Centers for Disease Control and Prevention (CDC), and HIMSS welcomes your organization to participate in the HIMSS Interoperability Showcase at the 2018 Public Health Informatics Conference in Atlanta, Georgia, August 20 – 23.

This showcase will demonstrate how health information technology systems utilize standards to support interoperability that enables healthcare providers and public health departments to send, receive, exchange, and use secured electronic health data.

**Demonstrate your thought leadership**

Demonstrations are collaborative projects between organizations using interoperability standards to exchange information and improve the quality and value of the care provided. Together, organizations develop a person-driven storyline that contextualizes the value of their product or solution. HIMSS provides a project manager to help support the organizations, facilitate communication, and meet deadlines.

By participating in the HIMSS Interoperability Showcase at 2018 Public Health Informatics Conference, you are not only demonstrating your thought leadership but also the work you do in the market today to facilitate cooperation, interoperability, and improved health outcomes.

**Featured Success Story:**

- Your (1) solution will be used to present a use case alongside other industry solutions
- Display your success story or white paper in the exhibit hall
- Submit one blog for HIMSS distribution, following our blog guidelines

**Promotion:**

- Your logo will be included in (1) use case
- Your logo will appear on the website, onsite program and app as available
- On-site signage and recognition
Attendee List: Lead list of conference attendees after the conference (mailing addresses only)

Passes:
- 1 full registration
- 1 exhibit hall only

HIMSS provides a technical project manager to help support the organizations, facilitate communication, and meet deadlines.

**Minimum expectations for participating organizations**

- You must use an interoperability standard to exchange information (such as a HL7 Profile, IHE Profile, DICOM, IEEE, Continua, etc.).
- Your solution is part of a person-centered scenario highlighting services and activities that public health departments and healthcare providers are able to conduct with standards-based, interoperable health information technology systems, platforms, and frameworks. Services and activities must be relevant to public health departments, for example:
  - Electronic case reporting (eCR)
  - Immunization registry reporting
  - Vital record reporting
  - Health information exchange
  - Heart and stroke prevention
  - Diabetes management
  - Syndromic surveillance
  - Healthy weight management
  - Sexually transmitted diseases reporting
  - Specialized registry or surveillance (e.g., cancer, antimicrobial use and resistance) reporting
- Participation on a weekly call to plan the demonstration starting July 2018
- Attendance at set up for 1 day prior to the conference (11am-5pm) and during all scheduled hours.

**Pricing: $2,000**

For more information on participating, please contact our Sponsorship Manager at 301-200-4616 or naccho@sponsorshipboost.com
### SPONSORSHIP CONTRACT

**COMPANY NAME**

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<thead>
<tr>
<th>NAME OF PRINCIPAL CONTACT (PERSON TO RECEIVE EXHIBIT INFORMATION)</th>
<th>TITLE OF PRINCIPAL CONTACT</th>
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<td>STREET ADDRESS</td>
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<td>PRINCIPAL CONTACT'S DAYTIME TELEPHONE NUMBER</td>
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<td>NAME OF SECONDARY CONTACT (IF PRINCIPAL CONTACT CANNOT BE REACHED)</td>
<td>SECONDARY CONTACT'S DAYTIME TELEPHONE NUMBER AND E-MAIL</td>
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<td>COMPANY E-MAIL (TO BE PUBLISHED)</td>
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**PAYMENT METHOD (check one)**

Full payment is due with this signed agreement. If this payment has not been received within 3 weeks, the item will be released and this commitment form will be declared null and void so that the item may be reassigned. Your confirmation email will outline any additional specifications, deadlines, restrictions, or inclusions depending on chosen item(s).

- □ CHECK # (payable to NACCHO) ____________________________
- □ GOVERNMENT PURCHASE ORDER (attached signed, authorized PO) # ____________________________
- □ VISA □ MASTERCARD □ AMERICAN EXPRESS

**CREDIT CARD # ____________________________**

**EXP. DATE ____________________________ CVV CODE ____________________________**

**AMOUNT TO BE CHARGED ____________________________**

**AUTHORIZED NAME (please print) ____________________________**

**AUTHORIZED SIGNATURE ____________________________**

**BILLING ADDRESS ____________________________**

### SELECTION

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**TOTAL: $ ________**

Questions? 301-200-4616 ✉️ INFORMATICS@SPONSORSHIPBOOST.COM
REFUND/CANCELLATION POLICY
Any company that cancels all or part of this commitment will not receive a refund and the Annual Meeting will retain as liquidated damages all monies paid.

CHECK PAYMENTS
Public Health Informatics Conference
P.O. Box 79197
Baltimore, MD 21279-0197

QUESTIONS?
703-964-1240
summitexhibits@conferencemanagers.com

AGREEMENT
I hereby contract for commitments as selected above for the Public Health Informatics Conference 2018 and fully understand that this form shall become a binding contract. The exhibition and all commitments are organized and managed by NACCHO. Any matters not covered in the Rules and Regulations are subject to the interpretation of the NACCHO Board of Directors and the NACCHO Executive Director or his or her designee, and all exhibitors, sponsors, and supporters must abide by their decisions. Supporters must comply with all Hilton Hotel Atlanta rules and regulations. Show Management shall have full power to interpret, amend, and enforce these rules and regulations, provided any amendments, when made, are brought to the notice of sponsor. Each sponsor, for itself and its employees, agrees to abide by the foregoing rules and regulations and by any amendments or additions thereto in conformance with preceding sentence.

☐ I have read and reviewed the Exhibitor Rules & Regulations before completing this form.

SIGNED __________________________________________________

NAME (PLEASE PRINT) TITLE ______________________________________________________________________________________________________

PHONE _______________________________________________ EMAIL ____________________________________________________________________