



ABOUT PRISM

The purpose of PRISM is to lead interdisciplinary research, education and advancement in pediatric and adolescent sports medicine.

The membership of PRISM consists of Fellow Members and Student Members. This organization includes various medical disciplines and is not limited to surgeons, pediatricians, physiatrists, physical and occupational therapists, orthotists, prosthetists, rehabilitation engineers, kinesiologists, nurse practitioners, special educators, researchers and certified athletic trainers and coaches.

Incorporated in 2013

Members: 270

Projected Annual Meeting Attendance: 410

The **PRISM Annual Meeting** is designed to provide high-quality dissemination of information in the basic sciences, prevention, diagnosis, treatment, and technical advances in the multi-disciplinary areas of sports medicine for children and adolescents. The Scientific Program Committee works diligently to provide a diverse, innovative and well-rounded program while incorporating feedback from last year's meeting. As a result, we offer you 2 ½ days filled with learning opportunities, engaging top experts along with collaboration opportunities.

2020 PRISM 7th ANNUAL MEETING MARKETING AND SPONSOR OPPORTUNITIES

SPONSOR OPPORTUNITY LEVELS

Tier 1 Exclusive Support: \$40,000

- 1) Be the exclusive title sponsor the Annual Meeting.
- 2) Inclusion in the PRISM Annual Meeting email blasts
- 3) Link and logo displayed on the PRISM website (10 months)
- 4) Recognition:
 - a. In the PRISM eNewsletter
 - b. On the PRISM Annual Meeting webpage
 - c. In Exhibit area including complementary table top booth space (including 2 exhibit badges)
 - d. On signage throughout the meeting
 - e. In the Annual Meeting Final Program
 - f. In all Annual Meeting printed publications
- 5) Thank-you email acknowledging support sent to PRISM Annual Meeting attendees (pre-meeting)
- 6) Thank You Email sent to all PRISM Members, Annual Meeting attendees and Industry (post-meeting)
- 7) Optional inclusion of promotional flyer in the final registration materials (to be printed and shipped by supporter)
- 8) Four complimentary registrations for staff of your institution to attend the meeting
- 9) A physician who is a PRISM member would be appointed to serve on the Scientific Program Committee



Tier 2 Support: \$25,000

- 1) Inclusion in the PRISM Annual Meeting email blasts
- 2) Recognition:
 - a. In the PRISM eNewsletter
 - b. On the PRISM Annual Meeting webpages
 - c. In Exhibit area including complementary table top booth (including 2 exhibit badges)
 - d. On signage throughout the meeting
 - e. In the Annual Meeting Final Program
 - f. In all Annual Meeting printed publications
- 3) Thank-you email acknowledging support sent to PRISM Annual Meeting attendees (pre-meeting)
- 4) Thank You Email sent to all PRISM Members, Annual Meeting attendees and Industry (post-meeting)
- 5) Optional inclusion of promotional flyer in the final registration materials (to be printed and shipped by supporter)
- 6) Two complimentary registrations for staff of your institution to attend the meeting

Tier 3 Support: \$10,000

- 1) Inclusion in the PRISM Annual Meeting email blasts
- 2) Recognition:
 - a. In Exhibit area
 - b. On the PRISM Annual Meeting webpage
 - c. On signage throughout the meeting
 - d. In the Annual Meeting Final Program
 - e. In all Annual Meeting printed publications
- 3) Thank You Email sent to all PRISM Members, Annual Meeting attendees and Industry (post-meeting)
- 4) Optional inclusion of promotional flyer in the final registration materials (to be printed and shipped by supporter)

ADDITIONAL MARKETING OPPORTUNITIES

Registration Packet Insert.....\$1,000

Your one page insert is distributed to all attendees in the PRISM Annual Meeting registration materials and 400 inserts must be delivered to the PRISM office for inclusion. Limit of ten (10) available.

Name Badge Holders or Lanyards.....\$2,000

Name badge holders, featuring your organization’s logo will be available for attendees upon arrival at the meeting.



SPECIFIC MARKETING OPPORTUNITIES

Industry Session (4 time slots): non-CME event.....\$10,000

An industry sponsored lunch session offers a tremendous opportunity to provide education, demonstrate your company's commitment to quality patient care, and build your corporate brand. Each session is open to all meeting attendees. The sessions are not part of the PRISM Annual accredited program and CME/CEUs are not available through PRISM.

Your company will have a dedicated 60 minute time slot. PRISM will help market your event and provide you with an attendee list* in advance of your sponsored session.

* List will include full name and company of attendee, but no contact information will be given in order to comply with privacy regulations.

Note: Company is responsible for any speaker fees, audio/visual, staffing, and food and beverage costs. All marketing materials are required to be approved by the PRISM Board of Directors.

Benefits:

- Session listed online
- Session listed in Final Program
- Company name and logo on signage during the session
- Three additional company representative badges

TIME SLOTS

Friday, January 24th Time: TBD

Saturday, January 25th Time: TBD

Session titles are due December 27, 2019, to be included in the Final Program.

All support inquiries can be directed to Heather Schrader at hschrader@prismsports.org or 414-918-9876.



2020 PRISM GRANT SUPPORT/ MARKETING AGREEMENT

Organization Name: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

- TIER 1 EDUCATIONAL GRANT SUPPORT: \$40,000 \$ _____
- TIER 2 EDUCATIONAL GRANT SUPPORT: \$25,000 \$ _____
- TIER 3 EDUCATIONAL GRANT SUPPORT: \$10,000 \$ _____
- PT/ATC PRE-COURSE EDUCATIONAL GRANT SUPPORT: \$2,000 \$ _____
- REGISTRATION PACKET INSERT: \$1,000 \$ _____
- NAME BADGE LANYARDS: \$2,000 \$ _____

TOTAL DUE..... \$ _____

AUTHORIZATION: I agree to the terms and conditions above. This Agreement must be signed in order to confirm sponsorship.

Signature: _____ Date: _____

Mail check payable to: PRISM, 555 East Wells St., Suite 1100, Milwaukee, WI 53202

Or charge to: American Express Discover MasterCard Visa

Card # _____ Exp. Date: _____

Signature: _____ Name on Card: _____

CANCELLATION POLICY: No refunds due to grant support cancellation will be granted. Sponsor will be obligated to pay any outstanding balance due.