



February 3, 2017

Dear Sir or Madam:

The Tennessee Association of Medical Staff Services and North Carolina Association of Medical Staff Services are planning their Joint Conference, on May 30 – June 2, 2017 at MainStay Suites in Pigeon Forge, TN. As in the past, vendor sponsorship has contributed greatly to the success of our Conferences. We would again like to offer your organization the opportunity to become one of our valuable sponsors for this year's conference, "Credentialing: The Red Carpet Performance."

We hope that you will be able to give us your support for the 2017 Annual Conference. On behalf of the Tennessee and North Carolina Board members, I would like to extend a special invitation to you and your company to help educate and encourage key decision makers from both Tennessee and North Carolina, representing all healthcare arenas – hospital, managed care and practice/group management. Your organization would be able to benefit greatly from the exposure from the promotions and the audience attending the event. As a company dedicated to improving the credentialing/enrollment of providers, you are definitely an ideal company to join with us as a sponsor.

We have several different packages for sponsorship and these are detailed in the sponsorship contract enclosed with this letter. Please choose how you would like to participate in the event. Please complete and forward the enclosed form to Sherry Anderson. Her contact information is on the form.

We are asking that vendors be present the Wednesday and Thursday (May 31 – June 1, 2017) of the conference. We plan to have a signature sheet for attendees to get signed off by the vendor representatives. We hope this will encourage interest in the products you have to offer. We will provide you with a copy of the meeting agenda closer to time of the conference in order for you to be aware of the break times.

We are looking forward to hearing from you. In case you have any questions you may contact me at the number listed below, or you may contact the Board member listed on the Vendor Contract. We are excited about our conference this year, and it would not be the same without your participation.

Sincerely,

Vania King

Vania King, CPCS, President Elect
Tennessee Association of Medical Staff Services
423-744-3344

Yvette Scott

Yvette Scott, CPMSM, Secretary
North Carolina Association of Medical Staff Services
336-538-7445



JOINT TAMSS/NCAMSS CONFERENCE - VENDOR CONTRACT

**MainStay Suites, Pigeon Forge Tennessee (865-428-8350) <http://www.mainstaypigeonforge.com/>
May 30 – June 2, 2017**

Company Representative(s)			
Company Name			
Company Address			
Telephone		Fax	
Email Address			
Type of Product To Be Displayed			

On a separate sheet, please provide a brief description of your firm’s product/service and email your LOGO to be included in the program and on our website.

Sponsorship options - All Sponsors and Exhibitors will be noted on Signage at the Conference

- Sponsorship Only \$300.00** –Advertisement item(s) for conference bags.
- Exhibit Only \$500.00** - Includes conference roster, conference exhibit table, 1 year website listing, and one conference registration. May contribute advertisement item(s) for attendee conference bags.
- Break Sponsorship \$750.00** - Includes conference roster, conference exhibit table, 1 year website listing, one conference registration and a short lunch presentation. May contribute advertisement item(s) for attendee conference bags.
- Lunch Sponsorship \$2,000.00** - Includes conference roster, conference exhibit table, 1 year Website listing, and one conference registration and short lunch presentation. May contribute advertisement item(s) for attendee conference bags.

By NOT checking the box, I hereby give my consent to include picture(s) of me that may be taken during the TAMSS/NCAMSS Joint Conference event that may be used to promote the organization on the websites (www.TAMSS.net)(www.NCAMSS.org) and do hereby release TAMSS/NCAMSS from any liability or legal action for use of said photos.

Signature: _____ Title: _____

Printed Name: _____

Please complete this form and return with your **check payable to TAMSS and send** to the address listed below:

Ms. Sherry Anderson, CPCS, CPMSM
TriStar Horizon Medical Center
111 Highway 70 E.
Dickson, TN 37055
Phone: 615-326-2295
Fax: 615-326-2695
Email: sherry.anderson@hcahealthcare.com