

Alabama Society for Healthcare Materiel Management
500 North East Boulevard
Montgomery, AL 36117
(800)489-2542

To: Past Sponsors and Potential Sponsors

From: George Pearson, President, ASHMM

RE: 2025 ASHMM Annual Conference
Orange Beach, Alabama
October 14-17, 2025

The Alabama Society for Healthcare Materiel Management's annual conference will be held October 14-17, 2025, at the Perdido Beach Resort in Orange Beach, Alabama.

Our conference provides a wide variety of networking opportunities for health care supply chain leaders and vendor representatives, all while learning about the latest trending topics in health care. With our limited time and busy schedules, this meeting allows for a more relaxed atmosphere for both parties to communicate. You will have the option to sit in on all speaker presentations and breakout sessions, join us for meals, participate in our Vendor Expo, as well as see and speak to supply chain leaders from across the state of Alabama.

The Vendor Expo will be held on Wednesday, October 15th from 3-5:30pm at the Perdido Beach Resort. The setup for the Expo will be from 10am – 2pm on this date. Other than higher level sponsors, booths will be preassigned by the resort staff. Items sent in prior to the conference for the Expo will be waiting for you at your assigned booth. Communication will follow at a later date regarding your booth needs such as electricity, etc. We also have many opportunities available for sponsorship such as meals or vendor/member networking events. Please review the attached Sponsorship incentives thoroughly and feel free to contact us with any questions. Vendors are welcome to co-sponsor events including exhibit booths with other vendors. Those unable to attend are encouraged to maintain a presence at this year's conference by sending contributions, donating door prizes or both. We appreciate any type of vendor support, and we will acknowledge those doing so throughout our meeting.

We ask that all vendor attendees be at the Welcome Reception on Tuesday night for sponsor recognition. This will also help with communicating important information to all vendor attendees regarding the meeting and the Vendor/Member Networking Events to be held Thursday afternoon. Before the conference, a complete agenda will be sent to those attending that provide an email address on the registration form.

In the meantime, as you meet with providers in your territories, please consider asking if they are a member of the Alabama Society for Healthcare Materiel Management and if they have a designee that regularly attends the annual conference. With your help and support we can grow our attendees and find additional ways to provide value back to our members and vendors.

We hope to see you at this year's ASHMM conference.
Enclosure: Vendor Registration Form and Sponsor Profile Form

ALABAMA SOCIETY FOR HEALTHCARE MATERIEL MANAGEMENT
Vendor Registration Form for Annual Conference
October 14-17, 2025

Listed below are the fees and what is included with each option.

OPTION A

Booth Fee	\$2,000 (2 people)	_____
	\$2,500 (3-4 people)	_____

Includes (1) Standard 6-foot Table Display during Vendor Expo on 10/15/2025 from 3 – 5:30 pm

*Tentatively includes the following meals:

Reception 10/14/2025

Lunch 10/15/2025

Dinner & Night Activity 10/15/2025

Lunch 10/16/2025

Vendor/Member Networking Event on 10/16/2025

Access to meetings and education sessions on all days except: ASHMM Members only business meeting on 10/17/2025.

4 Representatives/Guests per exhibiting company with access to events listed above.

Cancellation: 50% Refund for a cancellation up until September 30th. Afterwards, no refund.

OPTION B

Attend with No Booth (limit 2 representatives)	\$1,000	_____
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Additional per representative	\$400	_____
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(Add up to 2 additional representatives for a total of 4)

Option B **Excludes** access to the Vendor Fair on 10/15/2025.

*Tentatively includes the following meals:

Reception 10/14/2025

Lunch 10/15/2025

Dinner & Night Activity 10/15/2025

Lunch 10/16/2025

Vendor/Member Networking Event on 10/16/2025

Access to meetings and education sessions on all days except: ASHMM Members only business meeting on 10/17/2025.

Cancellation: 50% Refund for a cancellation up until September 30th. Afterwards, no refund.

We will also be awarding a prize for the “Best Vendor Booth.” Criteria for the award will be:

- *Best use of color*
- *Most informative*
- *Most creative*
- *Best samples provided*

The winning vendor will receive a voucher for a no charge “Vendor Booth” for the 2026 conference.

*If there are meal changes, it will be announced at the Welcome Reception on Oct. 14, 2025

ALABAMA SOCIETY FOR HEALTHCARE MATERIEL MANAGEMENT
Vendor Registration Form for Annual Conference
October 14-17, 2025

Company_____

Contact Person_____

Address_____

City_____ State _____ Zip_____

Phone_____

Email_____

Please list attendees' names and email addresses. We have important detailed information to share with each vendor attendee prior to the conference concerning networking events, meals, and education opportunities.

1. _____ Email _____

2. _____ Email _____

3. _____ Email _____

4. _____ Email _____

IMPORTANT: There will be a sign-up sheet at registration for the Vendor/Member Networking Events to be held on Thursday afternoon.

Is your company allowed to have printed acknowledgements as an event sponsor such meals, coffee breaks, etc.? Yes / No

Make checks payable to the Alabama Society for Healthcare Materiel Management (ASHMM).

Cancellation: 50% Refund for a cancellation up until September 30th. Afterwards, no refund.

☐ Check enclosed in the amount of \$_____ Check Number: _____

☐ AMEX/VISA/Mastercard: Card # _____ ID # ____ (required)

Exp. Date: _____

Signature: _____ Date: _____

Mail vendor registration form and check to:

Debbie Stuckey, AlaHA
500 North East Boulevard
Montgomery, AL 36117
Phone Number 800-489-2542
Email dstuckey@alaha.org

ADDITIONAL SUPPORT OPPORTUNITIES

This fee is in addition to the exhibit cost. Sponsorship incentives have changed this year so please review the following breakdown carefully.

Bronze	\$1,000
Silver	\$2,500
Gold	\$4,000
Platinum	\$7,000 (Vendor Booth Fee of \$2,000 is included in Platinum)

Event	Amount	Category	Sponsorship Package Includes:
Member Scholarship	\$1,000	Bronze	Logo included in conference materials & communication Vendor badge designation of sponsorship level Table topper acknowledging sponsorship level at vendor expo Acknowledgement/Recognition for the event being sponsored
Wednesday's Vendor Expo Snacks/Bar Wednesday's Banquet Set Up Technical Audio/Sound Set Up Thursday's Vendor/Member Networking Event Tuesday's Welcome Reception - Bar Thursday's Box Lunch	\$2,500	Silver	Logo included in conference materials & communication Vendor badge designation of sponsorship level Table topper acknowledging sponsorship level at vendor expo Acknowledgement/Recognition for the event being sponsored Expo booth location at entrance of exhibit hall
Tuesday's Welcome Reception - Food Wednesday's Banquet Dinner - Bar Thursday's Vendor/Networking Event	\$4,000	Gold	Logo included in conference materials & communication Vendor badge designation of sponsorship level Table topper acknowledging sponsorship level at vendor expo Acknowledgement/Recognition for the event being sponsored Expo booth location at entrance of exhibit hall 15-20 Minute (Depends on schedule) Vendor Presentation (Wednesday, Oct. 15th)
Wednesday's Lunch Buffet Wednesday's Banquet Dinner - Food	\$7,000	Platinum	Logo included in conference materials & communication Vendor badge designation of sponsorship level Table topper acknowledging sponsorship level at vendor expo Acknowledgement/Recognition for the event being sponsored Expo booth location at entrance of exhibit hall No charge for the Vendor Booth Registration for 2026 Conference <i>*\$2,000 value*</i> 30 Minute Vendor Presentation (Wednesday, Oct. 15th)

ALABAMA SOCIETY FOR HEALTHCARE MATERIEL MANAGEMENT
Sponsor Profile Form for Annual Conference
October 14-17, 2025

Company _____

Contact Person _____

Phone _____

Email _____

Please indicate your desired Sponsorship Package:

- | | | |
|--------------------------|----------|---------|
| <input type="checkbox"/> | Bronze | \$1,000 |
| <input type="checkbox"/> | Silver | \$2,500 |
| <input type="checkbox"/> | Gold | \$4,000 |
| <input type="checkbox"/> | Platinum | \$7,000 |

If you have a preference on the Conference Event you would like to sponsor for your designated package level, please list these below. Events will be assigned in the order that Sponsorships are received.

Sponsorship Event – 1st Choice _____

Sponsorship Event – 2nd Choice _____

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☐ Check enclosed in the amount of \$ _____ Check Number: _____

☐ AMEX/VISA/Mastercard: Card # _____ ID # _ _ _ _ (required)

Exp. Date: _____

Signature: _____ Date: _____

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