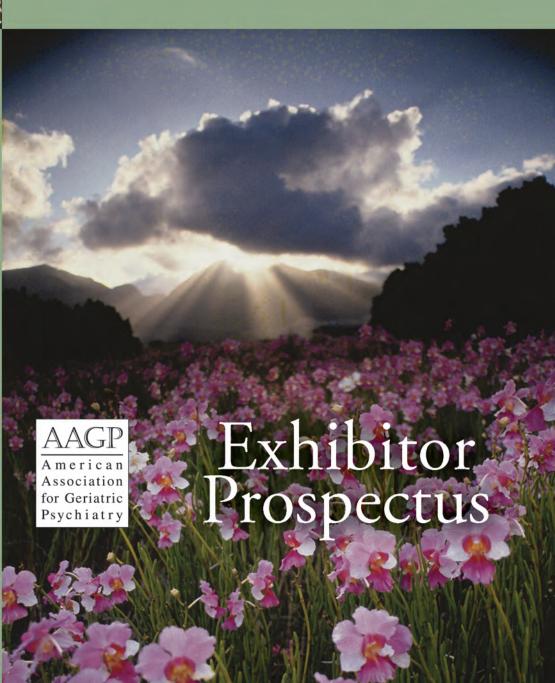


# Preparing for A Rising Tide

The Changing Face of Mental Health Practice as Baby Boomers Age

American Association for Geriatric Psychiatry's 2009 Annual Meeting-WWW.AAGPMEETING.ORG

March 5–8, 2009 Hilton Hawai'ian Village and Hawai'i Convention Center Honolulu, Hawai'i



# ABOUT AAGP

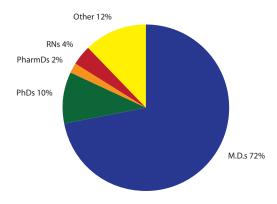


# AAGP's 2009 Annual Meeting attendance is expected to include more than 1,200 ...

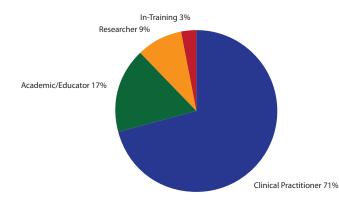
- Psychiatrists
- Primary Care Physicians
- Neurologists
- Medical Directors
- Pharmacologists
- Psychologists

- Directors of Nursing
- Advance Practice Nurses
- Social Workers
- and other mental health care professionals who work with older adults

# **Percentage Attendees**



## **Sites of Practice**



## **ABOUT AAGP**

The American Association for Geriatric Psychiatry (AAGP) is a national association serving its members and the field of geriatric psychiatry. It is dedicated to promoting the mental health and well being of older people and improving the care of those with late-life mental disorders. Physicians make up 72% of the approximately 1200 conference attendees along with PhDs, PharmDs, and RNs.

### **WHY ATTEND**

The number of older adults with mental illness is growing at a rapid rate in our society and having a significant impact on our nation's health. The AAGP Annual Meeting is the largest meeting of physicians and other health care professionals focused on late-life mental illness. Many of AAGP's 2,000 members choose to attend the AAGP Annual Meeting over APA due to the specific content in the geriatric field and the meeting's intimate size.

## **CONFERENCE BACKGROUND**

The AAGP's 2009 Annual Meeting provides high visibility to supporting organizations and unique opportunities to interact with AAGP leadership, members, and other conference attendees. The numbers of attendees continue to increase each year, as this meeting has become the primary scientific meeting for the presentation of cutting-edge research and new clinical innovations related to late-life mental illness.





# SPONSORSHIP INFORMATION

MARCH 5-8, 2009, Hawai'i Convention Center, Honolulu Hawai'i

#### WHY SPONSOR?

Sponsorship is an ideal way to gain prime, credible exposure and make a long term impact among a highly influential audience. Sponsors stand out from other exhibitors and deliver a message of commitment and support to attendees. These proven traffic builders will assist in increasing your visibility and help you achieve a greater return on your exhibit investment. AAGP is the primary scientific meeting for the presentation of cutting-edge research and new clinical innovations related to late-life mental illness. By joining us as a sponsor you have the opportunity to:

- Build your brand
- Highlight the value of your services to participating clinicians and fellows
- Network
- · Leverage new partnerships and build new alliances
- Improve the care for those with late-life mental disorders

You can choose a sponsorship package, an individual item, or for maximum exposure combine several items with a package.

#### **CONFERENCE COMPONENTS**

- Opening Exhibit Hall Reception
- Presidential Plenary and Awards Dinner
- Poster Session Receptions
- Keynote Speakers
- CME Presentations
- Training Opportunities for Medical Students, Residents, and New Investigators
- Exhibit Hall

Please contact Chris deVries, cdevries@aagponline.org for all industry sponsored CME programs or industry sponsored non-CME educational programs.

 $Please\ contact\ Terri\ Sullivan, tsullivan@talley.com\ for\ all\ other\ opportunities.$ 

#### SPONSORED EDUCATIONAL EVENTS/RECEPTIONS

#### Presidential Plenary Dinner \$75,000 (exclusive) or \$40,000 (co-sponsored)

Thursday, March 5, 2009 at 6:00 PM-9:00 PM

The Presidential Plenary dinner is the opening session of the AAGP Annual Meeting and features keynote speeches by nationally recognized speakers. The sponsoring organization is entitled to a front row table (10 seats) as well as special recognition at the actual dinner.

- Exclusive attendance at plenary dinner and table of ten for quests
- Acknowledgment as a sponsor on Conference Web site, promotional literature and Conference materials
- Listing in Final Program

#### PRE-CONFERENCE EVENTS

#### Clinical Practice Workshop -\$25,000

This one day workshop is held on the first day of the meeting and is a "nuts and bolts" educational program for physician clinicians.

#### Research Workshop - \$25,000

This half day workshop is a Neuroscience Teaching Day targeted to physician researchers.

#### Nursing Workshop - \$15,000

This half day program is targeted to advanced practice nurses specializing in the treatment of patients with late life mental illness.

#### Training Director's Meeting - \$8,500

This half day program is an opportunity for all geriatric psychiatry training directors to meet and discuss issues of mutual interest including recruitment of residents into geriatric psychiatry.

#### SPONSORED EXHIBIT HALL EVENTS

#### **Grand Opening Reception\*:**

#### A Welcome Celebration \$20,000 inpart with AAGP or \$12,500 (co-sponsored)

Thursday, March 5, 2009 at 4:00 PM-6:00 PM

The Grand Opening of the Exhibit Hall is the "kick off" event for the AAGP Annual Meeting and over 600 attendees visit the Hall during this time. The evening reception in the Exhibit Hall has an exclusive time slot—and your support would be visible through signage. Become a first impression as the newly arrived attendees visit the Hall for the first time. Additional incentives to visit your booth during this reception can be added.

#### Exhibit Hall Continental Breakfast \$9,500

Friday, March 6, 2009 at 7:30 AM-8:30 AM

This breakfast, included in the registration fee for all attendees, will provide an opportunity to visit and peruse the Exhibit Hall. Sponsorship of this breakfast will allow brand and organization names to be posted at the entrance to the hall as well as to increase the visibility of your products.

#### **Exhibit Hall Beverage Break**

#### Sponsor \$8,500 per day (2 breaks)

Friday, March 6, 2009 at 9:30 – 10:30 AM and 2:15 – 3:15 PM Saturday, March 7, 2009 at 9:30 – 10:30 AM and 2:15 – 3:15 PM

\*Date and time subject to change - Details to follow.

#### **OTHER OPPORTUNITIES**

#### Cyber Café \$30,000

An extremely popular opportunity, this area is used by attendees to network, check their email, and surf the web. You may provide a homepage for each monitor and product mouse pads may also be provided.

#### Lead Retrieval Cards \$20,000

All meeting attendees will receive a lead retrieval card to use in requesting product information from exhibitors in the Exhibit Hall. Your company's name as well as booth location will be printed on the card.









# ADVERTISING OPPORTUNITIES

## **AAGP 2009 Annual Meeting Advertising Opportunities**

The AAGP 2009 Annual Meeting offers several unique opportunities to showcase your company's programs, products, and services to a highly influential group of medical professionals and meeting attendees. Annual Meeting attendees include: geriatric psychiatrists, general psychiatrists, geriatricians, family practice physicians and internists, advance practice nurses, neurologists, and others who want to know the latest on Alzheimer's disease and dementia, affective disorders, practice management, schizophrenia, psychosis, health services research and more.

### **AAGP Advance Program**

The advance program is mailed to over 20,000 prospective attendees to the Annual Meeting.

The program includes all educational session and registration information. Mailed in September 2008.

#### **Black & White Rates**

Full Page: \$3,750 1/2 Page: \$1,000

#### **Four-color Process Rates**

Full Page: \$4,250 1/2 Page: \$2,000

#### **Black plus one PMS Rate**

Full Page: \$2,250 1/2 Page: \$1,500

#### **Preferred Positions (Covers only)**

Cover 2 or 4: color rates + 50% Cover 3: +25%

Reserve by August 13, 2008 • Proof by August 22, 2008 • Final Art by August 29, 2008

## **AAGP On-Site Final Program**

This on-site and take-home reference guide covers all of the AAGP Annual Meeting offerings, faculty, and more.

The program will be stuffed into all 1,200 attendee registration bags.

#### **Black & White Rates**

Full Page: \$3,750 1/2 Page: \$1,000

#### **Four-color Process Rates**

Full Page: \$4,250 1/2 Page: \$2,000

#### **Black plus one PMS Rate**

Full Page: \$2,250 1/2 Page: \$1,500

#### **Preferred Positions (Covers only)**

Cover 2 or 4: color rates + 50% Cover 3: +25%

Reserve by January 2, 2009 • Proof by January 8, 2009 • Final Art by January 19, 2009

To reserve ad space, contact
Wendy Stevens
TALLEY MANAGEMENT GROUP, INC.
19 Mantua Road, Mt. Royal, NJ 08061-1006
Ph. (856) 423-7222 X262 • Fax (856) 423-3420 • wstevens@talley.com









# APPLICATION & CONTRACT FOR EXHIBIT SPACE

#### Meeting the Needs of a Diverse Aging Population

March 3-8, 2009, Hawai'i Convention Center, Honolulu, Hawai'i

Rules and regulations for exhibitors on the reverse side of this contract are an integral part of this contract. It is understood by the undersigned that the American Association for Geriatric Psychiatry Annual Meeting 2009 rules and regulations for The Hawai'i Convention Center, Honolulu, Hawai'i govern all exhibit activities.

|                                                                                                                                                                                                             | -                         |                                   |                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Please reserve exhibit space for th                                                                                                                                                                      |                           |                                   | 5. SPACE                                                                                                                                                                                               |
| 2009 to be held at The Hawai'i Conventio                                                                                                                                                                    |                           | · ·                               | Individual Sponsorship Items                                                                                                                                                                           |
| being signed by Exhibitor and a confirmation of space has been issued with a receipt of deposit                                                                                                             |                           |                                   | S(Name Item                                                                                                                                                                                            |
| acknowledged by Exhibit Management.                                                                                                                                                                         |                           |                                   | (Name Item                                                                                                                                                                                             |
| EXHIBITING COMPANY NAME                                                                                                                                                                                     |                           |                                   | □ \$(Name Item                                                                                                                                                                                         |
| ADDRESS                                                                                                                                                                                                     |                           |                                   | 6. DEPOSIT/PAYMENT                                                                                                                                                                                     |
| ADDRESS                                                                                                                                                                                                     |                           |                                   | Important: We are enclosing with this application a deposit of 50% of the total booth price or                                                                                                         |
| CITY                                                                                                                                                                                                        |                           |                                   | sponsorship for each requested. We agree to pay the balance <b>before December 12, 2008</b> . Your                                                                                                     |
| COUNTRY                                                                                                                                                                                                     |                           |                                   | signature on this form allows AAGP to retain your credit card number in the file for an automatic                                                                                                      |
| PHONE ( )                                                                                                                                                                                                   | FAX ( )                   |                                   | debit in the amount of the total due on <b>December 12, 2008</b> . If you do not want this credit card to be charged, your check for the balance due must be received before <b>December 5, 2008</b> . |
| (Country/Area Code)                                                                                                                                                                                         | (Country/Area (           |                                   | Amount Enclosed: \$                                                                                                                                                                                    |
| WWW ADDRESS                                                                                                                                                                                                 |                           |                                   |                                                                                                                                                                                                        |
| CONTACT PERSON                                                                                                                                                                                              |                           |                                   | Cancellation Policy It is agreed that A) if a company cancels its space 90 days or more prior to the                                                                                                   |
| E-MAIL                                                                                                                                                                                                      |                           |                                   | opening date of the meeting, the deposit shall be retained. Exhibitors shall give written notice of                                                                                                    |
|                                                                                                                                                                                                             |                           |                                   | cancellation. B) If a company cancels its space less than 90 days prior to the opening date of the meeting, the company will be responsible for paying the entire booth cost and EXHIBIT MANAGE-       |
| <b>2.BOOTH PRICING and SELECTION</b> All booths are 10'x 10' unless otherwise note                                                                                                                          | ad.                       |                                   | MENT reserves the right to re-sell space.                                                                                                                                                              |
|                                                                                                                                                                                                             |                           | On or After September 29, 2008    | 7. EXHIBITOR DIRECTORY                                                                                                                                                                                 |
| ☐ Standard inline booth(s) around                                                                                                                                                                           | \$1,900                   | \$2,000                           | Exhibitor Description Request Form will be sent with confirmation.                                                                                                                                     |
| perimeter of exhibit hall;                                                                                                                                                                                  | ¥ 1,7500                  | 4=/000                            |                                                                                                                                                                                                        |
| bounded by side aisle only                                                                                                                                                                                  |                           |                                   | 8. PLEASE MAKE CHECKS PAYABLE IN U.S. FUNDS, DRAWN ON A U.S. BANK TO:                                                                                                                                  |
| ☐ Corner or non-perimeter booth(s)                                                                                                                                                                          | \$2,200                   | \$2,300                           | American Association for Geriatric Psychiatry (AAGP)                                                                                                                                                   |
| ☐ Island(s): 20' x 20'                                                                                                                                                                                      | \$8,400                   | \$8,800                           | And forward along with contract to: AAGP                                                                                                                                                               |
| ☐ Island(s): 20' x 30'                                                                                                                                                                                      | \$12,025                  | \$12,600                          | P.O. Box 758978                                                                                                                                                                                        |
| ☐ Island(s):30′ x 30′                                                                                                                                                                                       | \$17,100                  | \$18,000                          | Baltimore, MD 21275-8978                                                                                                                                                                               |
| ☐ Table top (6' wide)                                                                                                                                                                                       | \$875                     | \$900                             | Fax: (using credit card) 301-654-4137                                                                                                                                                                  |
| ☐ Non-profit organization/Federal/                                                                                                                                                                          | \$525                     | \$550                             | 9. INSTALL & DESIGN COMPANY TYPES                                                                                                                                                                      |
| State/Local government (table top)                                                                                                                                                                          |                           |                                   | My company will be utilizing an Install & Design Company.                                                                                                                                              |
| Non-profit organization/Federal/                                                                                                                                                                            | \$1,250                   | \$1,300                           | 10. It is understood that the exhibitor is responsible for daily cleaning of their booth and will make                                                                                                 |
| State/Local government (Standard inline)                                                                                                                                                                    |                           |                                   | arrangements with the General Services Contractor. Any exhibitor that has not ordered cleaning for                                                                                                     |
| 3. BOOTH SPACE REQUESTED                                                                                                                                                                                    |                           |                                   | the opening day will have their booth cleaned to present an attractive appearance. The cost will be                                                                                                    |
| Total Display Size is:                                                                                                                                                                                      | Х                         |                                   | charged to the exhibitor.                                                                                                                                                                              |
|                                                                                                                                                                                                             |                           |                                   | 11. Signed and accepted by AUTHORIZED AGENT of Exhibitor:                                                                                                                                              |
| Corner Booth(s): \$                                                                                                                                                                                         |                           |                                   | 11. Jighea and accepted by Authonized Adent of Exhibitor.                                                                                                                                              |
|                                                                                                                                                                                                             |                           |                                   | Date                                                                                                                                                                                                   |
|                                                                                                                                                                                                             |                           |                                   | Accounted by / Eyhibit Management                                                                                                                                                                      |
| No booths will be assigned without the req                                                                                                                                                                  | uired 50% denosit ched    | The American Association for      | Accepted by / Exhibit Management:                                                                                                                                                                      |
|                                                                                                                                                                                                             |                           |                                   | Date                                                                                                                                                                                                   |
| Geriatric Psychiatry will provide a booth ID sign for all exhibiting companies. All furniture is the responsibility of the individual exhibitor. The American Association for Geriatric Psychiatry will not |                           |                                   | 12. Please address all communications regarding exhibits to:                                                                                                                                           |
| provide any tables, chairs, carpet or electric                                                                                                                                                              |                           | or demand 1 5) aman y 11 m 11 o c | , ,                                                                                                                                                                                                    |
|                                                                                                                                                                                                             | ,.                        |                                   | Wendy Stevens                                                                                                                                                                                          |
| 4. PREFERRED LOCATION                                                                                                                                                                                       |                           |                                   | TALLEY MANAGEMENT GROUP, INC.                                                                                                                                                                          |
| 1) 2) 3)                                                                                                                                                                                                    | 4)                        | 5)                                | 19 Mantua Road, Mt. Royal, NJ USA 08061-1006                                                                                                                                                           |
| *Exhibit Management reserves the right to                                                                                                                                                                   | alter the floor plan and/ | or assign any exhibit location    | TEL: (856) 423-7222 Ext. 262                                                                                                                                                                           |
| *Exhibit Management reserves the right to alter the floor plan and/or assign any exhibit location if deemed necessary for the good of the show at any time.                                                 |                           |                                   | FAX: (856) 423-3420                                                                                                                                                                                    |
| accined necessary for the good of the sin                                                                                                                                                                   | on acany conce            |                                   | EMAIL: wstevens@talley.com                                                                                                                                                                             |

We prefer that our exhibit not be located next to the following companies:



# EXHIBIT PROGRAM

# AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY'S 2009 ANNUAL MEETING

March 5–8, 2009 Hilton Hawai'ian Village and Hawai'i Convention Center Honolulu, Hawai'i

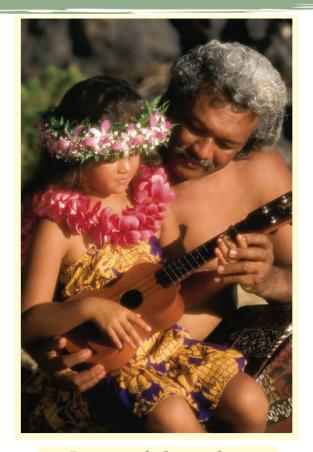
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Many of AAGP's 2,000 members choose to attend the AAGP Annual Meeting over APA due to the specific content in the geriatric field and the meeting's intimate size.

Physicians make up 72% of the approximately 1200 conference attendees along with PhDs, PharmDs, and RNs.

Exhibiting companies include: pharmaceutical companies, publishers, associations, educational services, psychiatric facilities and hospitals, medical treatment manufacturers and other companies dedicated to the advancement of late-life issues and services.

Space is limited. Make your plans to exhibit now and take advantage of Early Birds Rates!



For more information, visit www.AAGPmeeting.org



AAGP Exhibit Program Wendy Stevens 19 Mantua Road Mt. Royal, NJ 08061-1006