

CONFERENCE TOUR

celebrating 20 YEARS OF SURVIVORSHIP



CONFERENCE CHAIR

Lisa Newman

MD, MPH, FACS

DIRECTOR, BREAST CARE CENTER

UNIVERSITY OF MICHIGAN

COMPREHENSIVE CANCER CENTER

Exhibit/Vendor Form

CONFERENCE CO-CHAIR

Karen & Jackson

FOUNDER/CEO
SISTERS NETWORK® INC.

ANNUAL NATIONAL AFRICAN AMERICAN
BREAST CANCER 10 CITY CONFERENCE TOUR KICKOFF

OCTOBER 10-12, 2014

ROYAL SONESTA HOTEL HOUSTON, TX

2014 SPONSORS (TO DATE)

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About Us

Sisters Network® Inc. (SNI) is a leading voice and the only national 501(c) (3) non-profit African American breast cancer survivorship organization in the United States supported by survivor-run affiliate chapters nationwide. Sisters Network, founded in 1994 by Karen E. Jackson, is governed by an elected Board of Directors and assisted by an appointed Medical Advisory Committee. The organization's purpose is to save lives and provide a broader scope of knowledge that addresses the breast cancer survivorship crisis

affecting African American women around the country.

As a nationally recognized organization among leading medical establishments and breast cancer physicians, Sisters Network is also recognized as a critical information and resource link to African American women. Among the organization's trademark and successful national community-based financial assistance programs are the Breast Cancer Assistance Program (BCAP), the Gift for Life Block Walk® and the Pink Ribbon Awareness Initiative and Teens 4 Pink.

These initiatives are implemented through Sisters' affiliate chapters and are generously underwritten through corporate and community partnerships and private contributions. In April 2010, Sisters Network



made history by hosting the 1st National African American Breast Cancer 5K Walk/Run in Houston, Texas. The historic event is an annual walk to Stop the Silence®, bring about breast cancer awareness and replace FEAR with HOPE as thousands of participants from across the United States walk to find a cure. To date Sisters Network has provided over \$250,000 for financial support to African American Breast Cancer Survivors.

The organization's national slogan, "STOP THE SILENCE"," speaks directly to the African American community and its long-standing history of not discussing cancer and other life-threatening health concerns. The slogan has been used in social media; billboard and bumper sticker campaigns in support of Sisters' national branding strategies.

Sisters Network® Inc. strong connection, relationship and understanding of the African American community continues to allow Sisters to effectively impact, educate and heighten breast health awareness and survivorship among African American women nationally and internationally.

TOGETHER WE CAN AND WILL "STOP THE SILENCE®."



VENDOR AND EXHIBITOR OPPORTUNITIES (FRIDAY AND SATURDAY) - DUE BY SEPTEMBER 15T

The first stop on the tour is Houston and the expected attendance is approximately 500 participants, ranging from breast cancer survivors to public and health professionals. Exhibitors are an integral and exciting part of our conference program. Participants look forward to visiting with exhibitors/vendors and learning more about available resources and products and purchasing a variety of merchandise.

TABLE TOP

INCLUDES:

Signature:

• Tabletop exhibit of one 6' skirted table, two (2) chairs and one (1) waste receptacle

VENDOR AND EXHIBITOR OPPORTUNITIES

EXHIBIT LEVEL 1 (Non-profit org	anizations) \$150
EXHIBIT LEVEL 2 (Individual busin	nesses/retail) \$250
EXHIBIT LEVEL 3 (Corporat	tions) \$2,500
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EXHIBIT LEVEL:	
OPTION:	
FEES:	
Names of representatives (please provide the name, email &	contact/mobile phone number of attending representatives.)
NAME 1:	
EMAIL ADDRESS:	PHONE:
NAME 2:	
EMAIL ADDRESS:	PHONE:
CONTACT NAME/TITLE:	
ORG./BUSINESS NAME:	
STREET ADDRESS:	
CITY, STATE, ZIP:	
PHONE:	FAX:
EMAIL:	WEBSITE:
PAYMENT INFORMATION	
☐ Check enclosed payable to Sisters Network Inc	c. Check or credit card total amount: \$
☐ Credit Card (please circle): VISA / MasterCard	/ American Express
CREDIT CARD #:	EXP. DATE:
NAME ON CARD:	CVC CODE:
BILLING ADDRESS:	
EMAIL ADDRESS:	
Please print a brief description of services or food	d, information or products to be displayed or sold.

Date:





A NATIONAL AFRICAN AMERICAN BREAST CANCER
SURVIVORSHIP ORGANIZATION

NATIONAL HEADQUARTERS

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