

Dear Friend,

Preparations are well underway for the 15th Annual Breast Health Summit, BHCTexas's premier educational event. With an estimated 300 attendees: including advocates, healthcare professionals, educators, caregivers, breast cancer survivors, and friends, the Summit will provide a rich and valuable exchange of ideas and resources.

Because this is the 15th year, we wanted to celebrate!

This year we will host a special dinner on Sunday October 27th, 2019 at Texas de Brazil in City Centre from 5 PM — 8 PM. Individual tickets, tables and sponsorship opportunities are available for the dinner.

The education day will be Monday, October 28th, 2019 from 7:30 AM — 5:30 PM, at the Norris Center, City Centre.

Continuing Education will be provided to nurses, social workers, certified community health workers and certified post mastectomy fitters.

The Breast Health Collaborative of Texas (BHCTexas) is a nonprofit organization that unites the Texas breast health community to ensure breast health services and education for the medically underserved.

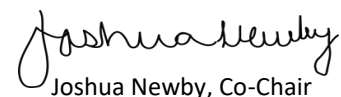
We hope you will join us as a sponsor, exhibitor, raffle supporter, and attendee.

Please contact us at 713-777-3200 or [summit@bhctexas.org](mailto:summit@bhctexas.org) for more information.

Warmest regards,



Rhonda F Turner Executive Director



Joshua Newby, Co-Chair

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Lester & Sue Smith Breast Center  
Baylor College of Medicine  
Theresa's Research Foundation

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**Staff**

Rhonda F. Turner, PhD, JD, MBA  
Executive Director

The Breast Health Collaborative of Texas is a 501(c)(3) nonprofit organization.

All donations are tax deductible.  
Tax ID: 45-4193838

## LEVELS of INVOLVEMENT

*Champion*  
**\$5,000**

**BE A CHAMPION, AND RECEIVE:**

- ⇒ Exhibit table with 4 complimentary conference registrations
- ⇒ Ten minutes to highlight your company/organization
- ⇒ 3 Complimentary Dinner Tickets
- ⇒ Logo on cover of conference program
- ⇒ Logo on BHCTexas website,
- ⇒ On-site recognition signage
- ⇒ Full-page ad in program
- ⇒ Logo on slides throughout conference
- ⇒ Promotional materials included in attendee bags (due October 1st)

**\*\*ALL LOGOS AND ART ARE DUE BY SEPTEMBER 15th\*\***

*Passionate*  
**\$2,500**

**BE PASSIONATE, AND RECEIVE:**

- ⇒ Exhibit table with 3 complimentary conference registrations
- ⇒ Five minutes to highlight your company/organization
- ⇒ 2 Complimentary Dinner Tickets
- ⇒ Logo in conference program
- ⇒ Logo on BHCTexas website
- ⇒ On-site recognition signage
- ⇒ Half-page ad in program
- ⇒ Logo on slides throughout conference
- ⇒ Promotional materials included in attendee bags (due October 1st)

**\*\*ALL LOGOS AND ART ARE DUE BY SEPTEMBER 15h\*\***

*Spirited*  
**\$1,250**

**BE SPIRITED, AND RECEIVE:**

- ⇒ Exhibit table with 2 complimentary conference registrations
- ⇒ Logo in conference program
- ⇒ Logo on BHCTexas website
- ⇒ Half-page ad in program
- ⇒ On-site recognition signage
- ⇒ Logo on slides throughout conference
- ⇒ Promotional materials included in attendee bags (due October 1st)

**\*\*ALL LOGOS AND ART ARE DUE BY SEPTEMBER 12th\*\***

## LEVELS of INVOLVEMENT

*Scholarships*  
**\$1,000**

**BE A SCHOLAR, AND RECEIVE:**

- ⇒ Logo in conference program
- ⇒ Logo on BHCTexas website
- ⇒ Quarter-page ad in program
- ⇒ Exhibit table with 1 complimentary conference registrations
- ⇒ Logo on slides throughout conference
- ⇒ Promotional materials included in attendee bags (due October 1st)

**\*\*ALL LOGOS AND ART ARE DUE BY SEPTEMBER 15th\*\***

*Dinner Patron*  
**\$ 500**

**BE A DINNER PATRON AND RECEIVE:**

- ⇒ Logo in conference program
- ⇒ Logo on BHCTexas website
- ⇒ Quarter-page ad in program
- ⇒ 3 complimentary dinner registration
- ⇒ 1 complimentary conference registration
- ⇒ Promotional materials included in attendee bags (due October 1st)

**\*\*ALL LOGOS AND ART ARE DUE BY SEPTEMBER 15th\*\***

*Advocate*  
**\$250**

**BE AN ADVOCATE AND RECEIVE:**

- ⇒ 1 complimentary conference registration
- ⇒ Listing in conference program
- ⇒ Listing on BHCTexas website
- ⇒ Listing on slides throughout conference

*Donation*  
**\$ \_\_\_\_\_**

**BE A DONOR AND RECEIVE:**

- ⇒ Listing in conference program
- ⇒ Listing on BHCTexas website
- ⇒ Listing on slides throughout conference

Dinner: October 27th, 2019 | Education: October 28th, 2019

Norris Conference Center | 816 Town and Country Blvd. | Houston, TX 77024

Tax ID: 45-4193838

Return completed form to [summit@bhctexas.org](mailto:summit@bhctexas.org), or fax to 832.538.5355

## REGISTRATION FORM

- |  |         |
|--|---------|
| <input type="checkbox"/> Champion      | \$5,000 |
| <input type="checkbox"/> Passionate    | \$2,500 |
| <input type="checkbox"/> Spirited      | \$1,250 |
| <input type="checkbox"/> Scholarship   | \$1,000 |
| <input type="checkbox"/> Dinner Patron | \$ 500  |
| <input type="checkbox"/> Advocate      | \$ 250  |

### ADDITIONAL

- |  |          |
|--|----------|
| <input type="checkbox"/> Additional Registrations:<br># ___ x \$85 | \$ _____ |
| <input type="checkbox"/> Dinner, Individual<br># ___ x \$45        | \$ _____ |
| <input type="checkbox"/> Dinner Table (6)                          | \$ 260   |
| <input type="checkbox"/> Exhibitor Table                           | \$ 250   |

**TOTAL:** \$ \_\_\_\_\_

*Please select your level of involvement*

Name to be listed: \_\_\_\_\_

Your name: \_\_\_\_\_

### PAYMENT INFORMATION

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name on card: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I am paying by check. (please fax form to 832.538.5355 and include copy with check)

**Please make check payable to:**

Breast Health Collaborative of Texas

2925 Richmond Avenue, Suite 1200 Houston TX 77098

# Thank you for your generosity!

[www.bhctexas.org/Summit](http://www.bhctexas.org/Summit)

Dinner: October 27th, 2019 | Education: October 28th, 2019

Norris Conference Center  
816 Town and Country Blvd.  
Houston, TX 77024

## REGISTRATION FORM

**One (1) Registration is included with exhibitor tables**

*Champion (4), Passionate (3), Spirited (2) Levels of Involvement include multiple complimentary registrations. Please note your level of involvement.*

*Please fill out a separate form with a separate email address for each additional paid registration.*

Full Name for \_\_\_\_\_ Job Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please include me in Breast Health Summit attendees list? (Circle one): Yes No

Are you a breast cancer survivor? (Circle one): Yes No

Please Circle Your Registration Category and indicate Continuing Education credits are needed?

- General Public
- Community Health Worker (CHW)
- Nurse (RN)
- Social Worker (LSW)

Return completed form to [summit@bhctexas.org](mailto:summit@bhctexas.org), fax to 832.538.5355 or mail to:  
Breast Health Collaborative of Texas • 2925 Richmond Ave, Suite 1200. • Houston, Texas 77098