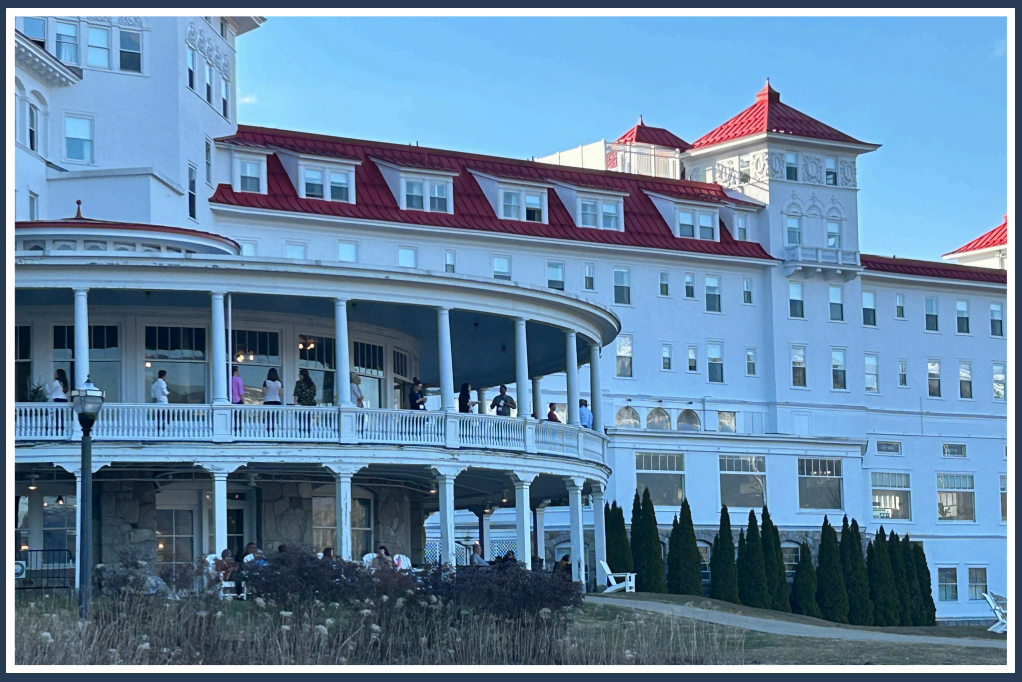
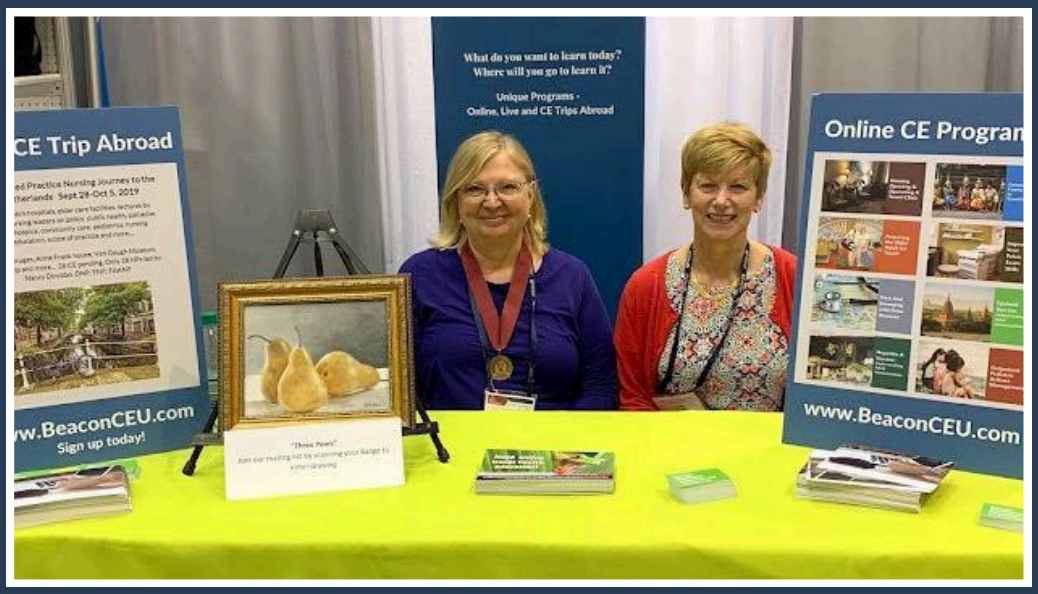
Exhibitor & Sponsor

Prospectus



New England Health Summit



November 11-13, 2026
Omni Mount Washington Hotel
Bretton Woods, NH

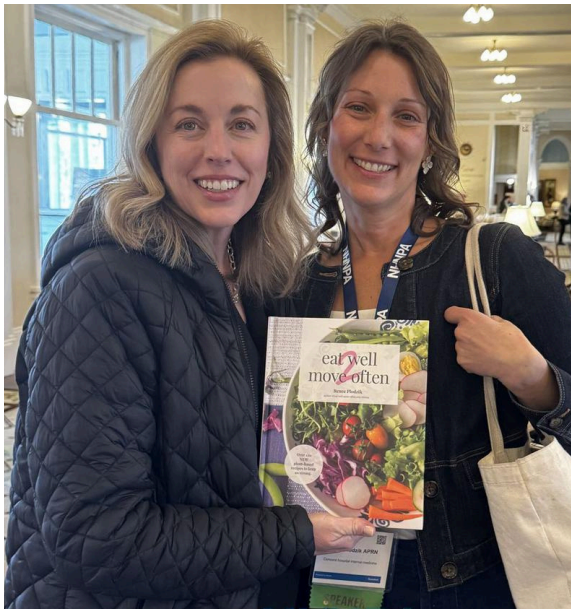
Join us at the Summit: where conversations turn into opportunities.

Hosted by the New Hampshire Nurse Practitioner Association (NHNPA), representing 2,000+ APRNs in New Hampshire. With 50+ years of experience, NHNPA is a leader in APRN advocacy and education, and our events have grown in popularity and reputation—often referred to as the best NP conference for the money in the Northeast.

Formerly the Northern New England Nurse Practitioner Conference, the New England Health Summit expands our audience to include NPs, PAs, MDs, and DOs across all six New England states.

In 2026, 250+ healthcare providers and leaders will gather to explore strategies, resources, and solutions—making the Exhibit Hall a prime opportunity to meet customers, build awareness, and generate leads.

Show support. Build awareness. Make connections. Celebrate with us.

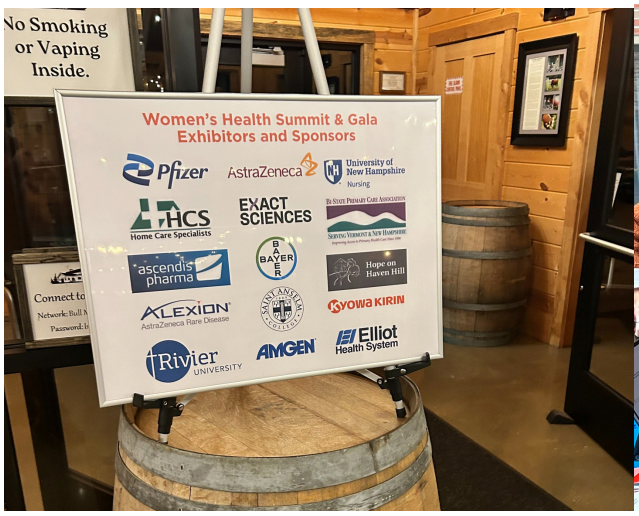


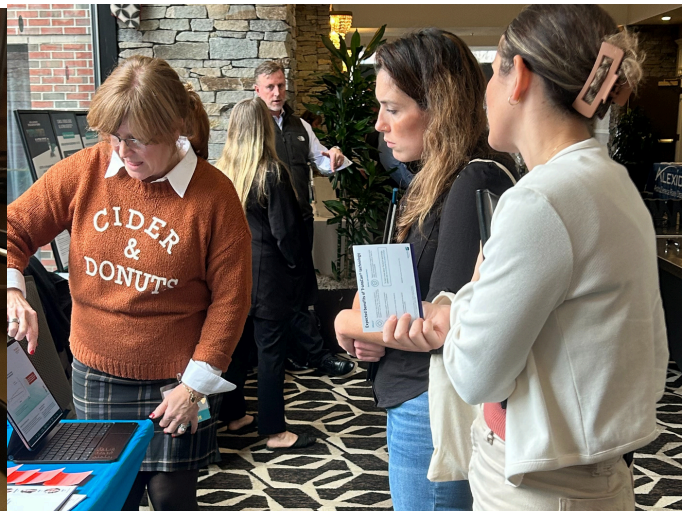
- **Engaged attendees across primary care, pediatrics, geriatrics, acute care, psychiatric care, and women's health—plus CRNAs, midwives, and more.**
- **A destination venue that attracts attendees from across New England.**
- **A diverse agenda of timely topics that attracts providers and healthcare decision-makers.**
- **Outstanding faculty featuring healthcare leaders from across the region.**

Exhibit Opportunities

Exhibitor spaces are limited and highly desired.

Don't miss your chance to show your support and interact with conference attendees.





Trailhead

- Desirable exhibit location - 6-foot or 8-foot table and two chairs
- Logo placement on the official event website
- 2 exhibitor passes to conference
- Lead retrieval

$2000

Ridgeline

- Preferred exhibit location - 6-foot or 8-foot table and two chairs
- Logo placement on the official event website
- 2 exhibitor passes to conference
- Lead retrieval

$2500

Industry Sponsored Product Theaters

You bring the content and speaker of your choice—we take care of everything else. Pre-conference promotions, registration, basic AV, all food, beverage, and service fees are included. Maximum attendees 50. Your industry-sponsored event and your company will be featured on the conference agenda. We will provide you will a list of conference attendees and a list featuring your registrants. Pre-approval required.

	Price	Number Available
Wednesday Lunch	$9000	2
Wednesday Dinner	$13000	2
Thursday Breakfast	$9000	3
Thursday Lunch	$9000	3
Friday Breakfast	$9000	2

Design Your Custom Outreach Strategy

Meet Your Goals Within Your Budget

Trail Marker Sponsor: Name Badge Lanyards
Keep your organization on every attendee's path with Trail Marker Name Badge Lanyards, putting your company name and/or brand message in front of conference participants throughout the Summit.

$500

Trail Guide: Conference App and Enewsletter Banner Ad
Keep your organization on attendees' radar before, during, and after the Summit with a banner ad in the conference app and NHNPA Enewsletter. The conference app acts as a Trail Guide for attendees, bringing together personalized schedules, the full agenda, and CE tracking in one place. Your banner will also continue to build visibility in NHNPA Enewsletter throughout the year.

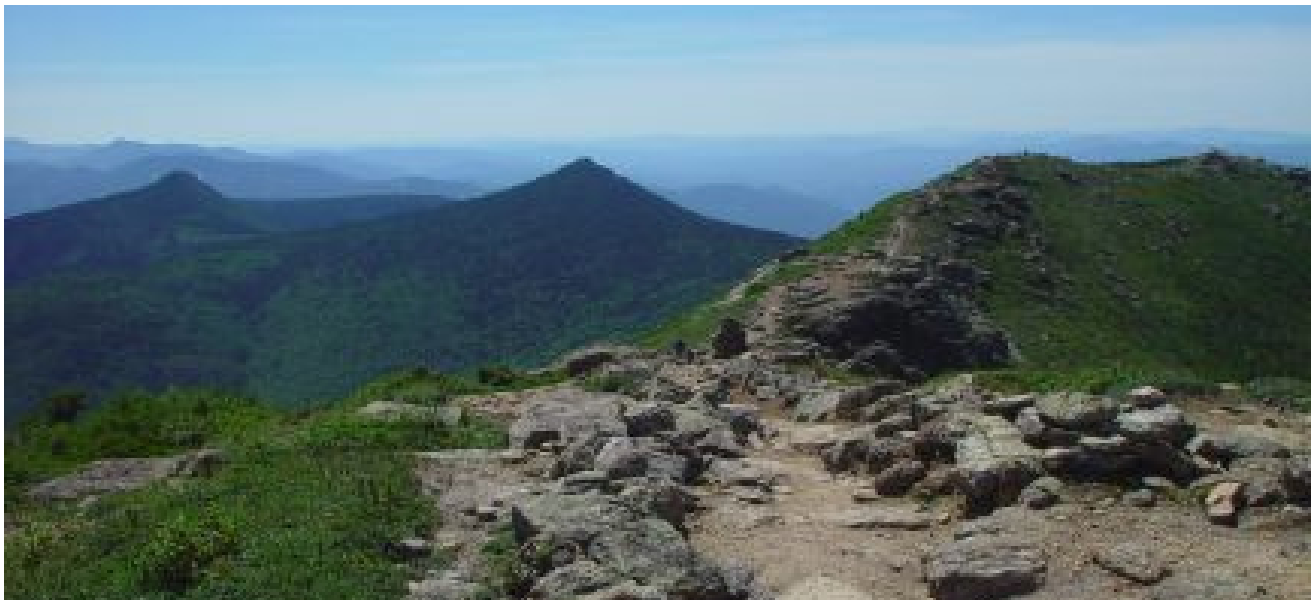
$1,000

Peak Sponsor

Elevate your presence as a Peak Sponsor for the New England Health Summit. This featured sponsorship aligns your organization with the Thursday evening Murder Mystery Dinner, a shared conference-wide experience designed to bring attendees together in an engaging evening setting.

This featured opportunity includes a 20-minute presentation during the Thursday evening Murder Mystery Dinner, which is currently the conference's only sponsor presentation opportunity offered to the full attendee audience.

Pricing will be determined in partnership. Please reach out directly to explore this opportunity in more detail and get involved now while we are actively planning the evening experience. Together, we'll determine fair market value and confirm the structure needed to help you meet your objectives while supporting our efforts.



4,000 Footer Punch Card
Make your booth a required stop on our 4,000 Footer Punch Card and drive trail traffic to your booth. Attendees earn prize entries based on their level of participation. Exhibitors are welcome to contribute prizes to increase brand exposure.

$250

Basecamp Coffee/Water Station Sponsor
Position your brand at Basecamp, where attendees pause, refill, and regroup in the exhibitor hall. Sponsorship includes signage at the station and booth placement nearby whenever possible.

$500

Exhibit Hall Hours

- **Wednesday: 4:15–5:00 PM**
- **Thursday: 7:30–9:00 AM**
- **Thursday: 10:00–10:30 AM**
- **Thursday: 12:35–1:50 PM**
- **Friday: 8:00–9:00 AM**
- **Friday: 10:15–11:00 AM**

Hours are subject to change and agenda is finalized.

Additional Information and Expectations

REGISTRATION: Registration through the NHNPA portal is required. Visit nhnpa.org to complete your application.

CONTACT INFORMATION: Kimmohan@nhnpa.net - (603) 648-2233.

EXHIBIT ELIGIBILITY: NHNPA reserves the right to refuse any exhibit application and/or exhibit and to cancel or deny any company or organization the opportunity to exhibit at its conference for any reason including, but not limited to, if it deems the company or organization is inappropriate for the participants or multiple companies with like goods or services have already been accepted to exhibit.

CANCELLATION / POSTPONEMENT: It is mutually agreed that if NHNPA should find it necessary to cancel or postpone the event for any reason, including but not limited to low registration, strikes, an outbreak of disease or illness, epidemic or pandemic, acts of nature, war, terrorist acts or other circumstances beyond NHNPA's control, this agreement will be terminated immediately. NHNPA shall determine an equitable basis for the refund of such portion of the exhibit fees as is possible, after due consideration of expenditures and commitments already made. If the event needs to be held virtually, exhibitors will be provided with an equitable virtual opportunity to participate.

SCHEDULE / MEALS: Exhibitors must be set up by 2 PM on Wednesday, November 11th, and may begin breaking down AFTER the morning break with exhibitors on Friday, November 13th. Exhibitors are welcome to enjoy food and beverages served during designated breaks; full meals including breakfast and lunch will not be provided.

NON-PROFITS: We will offer a reduced exhibitor fee for a limited number of tables to non-profits. Please contact us directly to confirm availability and make arrangements.

REFUNDS: Full refunds will be provided if notice of cancellation is received no later than August 1, 2026.

HOTEL REQUIREMENT: Event venues allocate exhibit space at conferences like ours based on the number of hotel rooms that are guaranteed. The Mt. Washington has reserved the right to reject/reduce exhibitor space requests if the number of booked hotel rooms is not proportionate to the housing block. Therefore, to ensure our hotel block is full and that we have the exhibit floor space needed for all exhibitors, we will be requiring exhibitors to stay in the hotel. We have negotiated a favorable nightly rate of $219. Exceptions will be considered—please submit requests to Kim Mohan for consideration. A limited number of exceptions may be available; we encourage you to reach out as soon as possible if one is needed.

OFF-SITE EVENTS: In the event that you choose to host an off-site event, you may not use NHNPA communications platforms to solicit participation or advertise at our event location.

PAYMENTS: You may pay via credit card, however checks are preferred.

CHECKS: Checks must be made payable to NHNPA and mailed to the address below. You must include your company name, product name, and NHNPA invoice number on the check. Payments received without this information may be returned.

Checks can be made out to NHNPA and mailed to the address below.

NHNPA
PO Box 10315
Bedford, NH 03110

Please do not hesitate to reach out if you have questions or would like to explore additional opportunities that may not be listed. As a reminder, you must register as an exhibitor at www.nhnpa.org/conference.

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Goto www.irs.gov/FormW9 forinstructions andthelatestinformation.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9,see **Purpose of Form**, below.

Print or type. See **Specific Instructions** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

New Hampshire Nurse Practitioner Association

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☑ Other (see instructions) **501c(3)**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.
PO Box 10315

Requester's name and address (optional)

6 City, state, and ZIP code
Bedford, NH 03110

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN**, later.

Note: If the account is in more than one name, see the instructions for line 1. See also **What Name and Number To Give the Requester** for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

0	2	–	0	3	2	7	5	4	0

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person Kim Mohan Date 1/15/2026

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to **www.irs.gov/FormW9**.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they