

NMA

2026 CONFERENCE

APRIL 10 -12, 2026

SOUTHERN UNIVERSITY

LEON R. TARVER II CULTURAL AND HERITAGE CENTER

8320 Leon, Netterville St, Baton Rouge, LA

CO-HOSTED BY:

NMA REGION III

NMA REGION V



SPONSORSHIP & EXHIBITORS PROSPECTUS



National
Medical
Association

REGION III
REGION V

Reconstructing Health: Aligning Patients, Providers, and Policy for a Healthier Future

LETTER OF INVITATION

We are delighted to invite you to participate as a sponsor/exhibitor in the 2026 National Medical Association Region III & Region V Conference, which will be held at Southern University in Baton Rouge, Louisiana, on Friday, April 10, 2026, through Sunday, April 12, 2026. The Conference Theme is "Reconstructing Health: Aligning Patients, Providers, and Policy for a Healthier Future." We look forward to your participation in making our conference a successful event.

Many thanks,
Ninita Brown, MD, PhD
Derick Young, MD



NINITA BROWN, MD, PHD
Region III Chair



DERICK YOUNG, MD
Region V Chair

ABOUT

2026 NMA REGION III & REGION V CONFERENCE

The National Medical Association (NMA) promotes the collective interests of physicians and patients of African descent. The NMA carries out its mission by serving as the collective voice of physicians of African descent and as a leading force for parity in medicine, the elimination of health disparities, and the promotion of optimal health.

The mission of the NMA is to advance the art and science of medicine for people of African descent through education, advocacy, and health policy to promote health and wellness, eliminate health disparities, and sustain physician viability.

NMA Regions

NMA Region III includes the following states: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.

NMA Region V includes the following states: Arkansas, Iowa, Kansas, Louisiana, Missouri, Nebraska, New Mexico, Oklahoma, and Texas.

A Call to Partnership

Your sponsorship makes it possible to:

- Advance health equity and address health disparities
- Build leadership capacity for physicians and advocates
- Strengthen policy and advocacy efforts across the region
- Gain visibility with medical leaders, policymakers, and community advocates



The expressed intention of NMA Region III & Region V is to ensure that participating companies receive the highest level of recognition in return for their generous support.

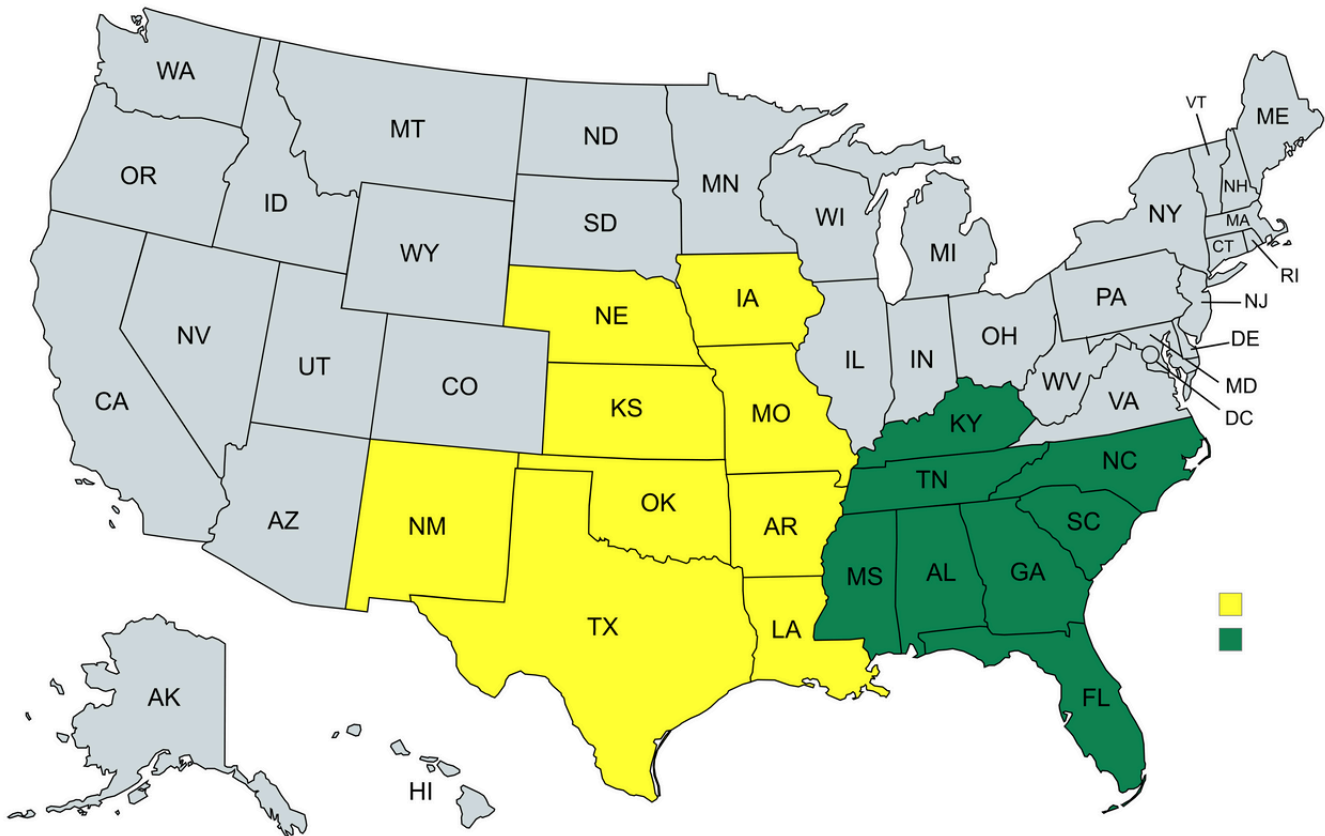
Onsite exhibit booths will be assigned on a first-come, first-served basis, determined by the date the contract and payment are received. Prior exhibitors will also be considered in the booth assignment process.

If the booth(s) of your choice have already been assigned, you will be offered the nearest available booth.

The final deadline for receipt of the contract and payment for booth space is March 29, 2026. To ensure booth availability and preferred location, please return the enclosed forms with payment on or before March 29, 2026.

MAP

SHOWCASING REGION III & REGION V AREAS





SHIPPING & PACKAGE HANDLING INFORMATION

All packages should be shipped to the Southern University Tarver Center, 8320 Leon Netterville Street, Baton Rouge, LA. All boxes must clearly state the onsite contact's name, sales manager's name, meeting or company name, and the event dates. Please note that C.O.D. packages will not be accepted. The Tarver Center's policies on safe package handling are based on guidance from the United States Postal Service (USPS) and the Centers for Disease Control and Prevention (CDC).



INDEMNIFICATION

The Exhibitor agrees to indemnify and hold harmless NMA, and its employees, agents, representatives, and affiliates from all claims, losses, or causes of action for any injury or damage to equipment or property of the Exhibitor that is not the result of willful or wanton gross negligence on the part of NMA, or the conference center, its employees, agents or representatives. In addition, if the Exhibitor retains independent contractors to provide services on the conference site property, the foregoing indemnity will extend to the actions of that independent contractor.



EXHIBIT HALL COLORS

The Exhibit Hall is carpeted – the pipe & drape will be “Black”.

PROMOTIONAL MATERIAL

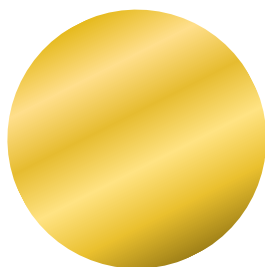
Nothing shall be posted on, nailed, screwed, or otherwise attached to columns, walls, floors, furniture, or other parts of the building.



HOTEL ACCOMMODATION

Bally's Casino and Hotel is located at 102 France Street, Baton Rouge, LA 70802. Room reservations are the responsibility of each participant and should be made by calling the hotel directly at (225) 242-2600 or by using the "online reservations" www.ballysbatonrouge.com. The deadline is March 26, 2026, or while rooms last, to receive the convention rate of \$149 (single/double). Please use NMA Region III & V as the code at the time of registration to get the conference room rate.

NMA



IMPORTANT DATES

March 29, 2026
Exhibitor Registration Deadline

APRIL 10-11, 2026
Exhibit Days

SPONSORSHIP & EXHIBITORS



The conference will provide sponsors and exhibitors with exposure and access to delegates who can influence the selection of products and services within their organizations. The conference will provide you with the opportunity to demonstrate your support and commitment to eliminating healthcare disparities throughout the NMA Region III & V territory and will extend your visibility beyond the exhibition hall to achieve maximum exposure at the meeting. To ensure that your company achieves its objectives by participating in the conference, many opportunities are being offered.

GENERAL EXHIBITOR FEE: \$3,500

BOOTH INCLUDES:

→ Table, 2 chairs, and a trash can

→ Two exhibitor badges

→ Sign indicating the name of the exhibiting company

→ Company listing of products/services in the official program guide, provided the contract is received prior to printing

→ Post-conference attendee list (one-time usage)

→ Company name on NMA Region V Conference Web site

→ Two All Access Passes to all conference activities per company

CORPORATE SUPPORT

TIER STRUCTURE FOR BENEFITS

 BENEFITS	BRONZE \$5,000	SILVER \$10,000	GOLD \$20,000	TITLE \$25,000
Recognition logo and company link on conference website				
Full Page Ad in Sponsorship Booklet				
Logo featured on all conference marketing material				
Tickets to all conference socials				
Registration list (names and emails of Conference Attendees)				
Recognition at the exhibit hall entrance				
Complementary conference registration				

EXHIBITOR & SPONSORSHIP FORM

CONTACT INFORMATION *(Please type or print the following information)*

Organization: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Mobile: _____

Please type or print the representative's name(s) as you would like to see it appear on the Conference Badge.

1) _____

2) _____

I hereby authorize a statement to develop a link from its home page to my organization's website

☐ Yes ☐ No

REGISTRATION CATEGORY & FEES

EXHIBITOR REGISTRATION

Title Sponsor	\$25,000	<input type="checkbox"/>
Gold Sponsor	\$20,000	<input type="checkbox"/>
Silver Sponsor	\$10,000	<input type="checkbox"/>
Bronze Sponsor	\$5,000	<input type="checkbox"/>
Exhibitor	\$3,500	<input type="checkbox"/>
Medical Student Symposium Sponsor	\$15,000	<input type="checkbox"/>

PROMOTIONAL OPPORTUNITIES

Luncheon (2)	\$10,000	<input type="checkbox"/>
Breakfast (1)	\$7,500	<input type="checkbox"/>
VIP & Tech Lounge	\$5,000	<input type="checkbox"/>
Conference Bags	\$3,500	<input type="checkbox"/>
Conference Breaks (3)	\$3,500	<input type="checkbox"/>
Conference Lanyards	\$1,500	<input type="checkbox"/>

FULL CONFERENCE REGISTRATION

Early (received by March 27th)	\$175	<input type="checkbox"/>
Onsite	\$250	<input type="checkbox"/>

RESIDENT/FELLOW/STUDENT

Residents Early (received by March 27th)	\$50	<input type="checkbox"/>
Onsite	\$75	<input type="checkbox"/>
Students - Medical, Dental, Pharmacy	FREE	<input type="checkbox"/>

PAYMENT INFORMATION

Check enclosed for the amount of \$ _____

Charge to credit card below for the amount of: \$ _____

Account Number: _____

Name of card holder: _____

Exp. Date: / Address associated with card: _____

Zip Code: _____ Card holder Signature: _____

Payable to: National Medical Association
Memo: Region III & V Conference

☐ AMEX ☐ Visa ☐ MC ☐ Discover

FOR INQUIRIES, CONTACT US:

Derek Lewis II at region5director@nmanet.org or Dr. Kimberly Williams at region3@nmanet.org.

NMA

2026 CONFERENCE

APRIL 10-12, 2026

BATON ROUGE, LOUISIANA

CO-HOSTED BY:
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NMA REGION V

For questions, please
contact Derek Lewis II at
region5@nmanet.org or
Dr. Kimberly Williams at
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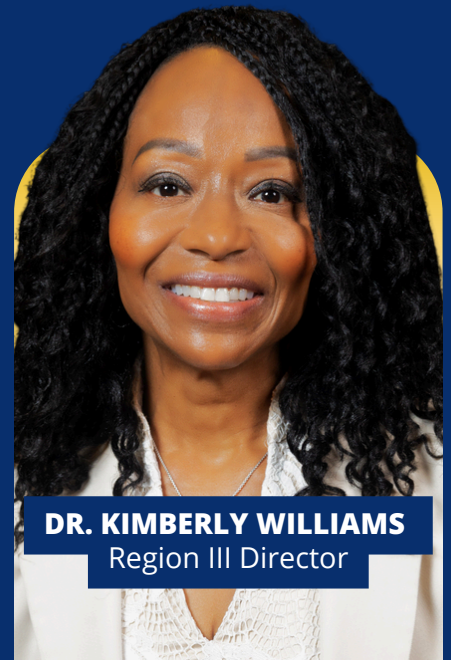


National
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Association

REGION III
REGION V



DEREK LEWIS II
Region V Director



DR. KIMBERLY WILLIAMS
Region III Director