Diabetes and Oral Disease

Implications for Health Professionals

May 4, 2011  |  New York City

www.nyas.org/DentalDiabetes

Up to 6.5 CDE Credits and 6.5 CME Credits
Diabetes and Oral Disease: Program Needs Assessment

In the year 2000, the first ever Surgeon General's Report on Oral Health in America identified a failure of the American population to recognize oral diseases as a health priority. Today, there is growing evidence that the impact of periodontal disease extends well beyond the oral cavity, serving as a source of systemic inflammation that impacts overall health.

In 2008, the American Diabetes Association acknowledged the close relationship between diabetes and oral health (1). The most common oral health problems associated with diabetes are periodontal disease, gingivitis, tooth decay and loss, salivary gland dysfunction, inflammatory disease, soft tissue lesions, altered bone formation, infection, delayed healing, and taste impairment (2). Between 60%–65% of the US population has periodontal disease and this prevalence increases to 85%–90% in individuals with diabetes (3). Recent studies indicate that diabetic adults with poorly-controlled diabetes have an almost 3-fold increased risk of periodontitis compared to non-diabetic subjects (4), and disease severity increases as glycemic control worsens (5). Conversely, well-controlled diabetic subjects have no significant increase in the risk of periodontitis, indicating that the metabolic control of diabetes may be an important variable in the onset and progression of periodontal disease (5). Effects of chronic glycemia at the tissue and cellular level include tissue glycation via the formation of advanced glycation end-products (AGEs) (6), bone loss (7), altered collagen and lipid metabolism, altered immune function (8), microvascular complications, altered wound healing (9), changes in oral cavity microflora, oxidative stress, and overexpression of inflammatory cytokines such as IL-1β and TNF-α (2,10–13).

Periodontal disease has emerged as a strong predictor of mortality in type 2 diabetes (14). In a bidirectional relationship, the chronic inflammation and infection that results from periodontal disease, in turn, has an adverse effect on glycemic control in people with diabetes (15), which in turn leads to worsening gum disease and thus creates a cycle that compromises diabetes management. Periodontal disease has recently been reported to contribute to the development of diabetes in otherwise healthy individuals (16) and has also been shown to place diabetic individuals at greater risk of developing one or more major cardiovascular, cerebrovascular, or peripheral vascular complications of diabetes (14). Dental intervention has been shown to significantly improve local and systemic levels of inflammation as well as glycemic control in diabetic subjects (17–22), indicating that periodontal diseases have a systemic effect that extends beyond the local periodontal environment. Any improvement in glycemic control (resulting from regular and appropriate periodontal treatment) and/or periodontal disease (resulting from diabetes management), has the potential to make a significant impact on the quality of life for patients with diabetes (23).

Though the general population's need for comprehensive oral and systemic health care is clear, medicine and dentistry continue to be implemented as two separate health professions. More and more, dental and other healthcare professionals will be required to collaborate to create teams dedicated to the management of people with diabetes at both the community and patient levels, given the interaction between oral inflammation and the co-morbidities associated with diabetes (24). However, medical, dental, and other allied health professionals typically lack significant knowledge and training regarding the relationship between oral and systemic health (25), or feel that screening and counseling patients in this regard is peripheral to the traditional boundaries of their professional role (26). A 2010 survey of internal medicine trainees reported that 82% of respondents never asked patients if they were diagnosed with periodontal disease; 90% reported not receiving any training about periodontal disease during medical school; 69% were not comfortable at all performing a simple periodontal examination; 23% stated that they never referred patients to dentists, and 46% felt that discussing/evaluating the periodontal status of their patients was peripheral to their role as physicians (27). Just as there is a bidirectional relationship between the two diseases, there must be a bidirectional screening and counseling of patients by all healthcare providers. Without additional education and training to address the schism between oral and systemic healthcare, medical and dental students and professionals will be less able to educate and care for patients with complex health conditions, to promote oral health, or to work collaboratively as members of a unified patient health care team (28). Furthermore, approximately
30% of people with diabetes mellitus have undiagnosed diabetes mellitus. Therefore, in addition to the physician’s office, the dental office is a health care site that can help identify undiagnosed diabetes mellitus, which can lead to better management of the care of patients with diabetes (28, 29). Since approximately 8% of the U.S. population is thought to have diabetes mellitus, prevalence increases with age, and our population is aging, a greater role for the oral health care team in the management of the care of patients with diabetes mellitus is both warranted and appropriate (1). Many aspects of this new component of dental and medical practice need to be developed. This symposium will provide a forum via which to inform healthcare professionals of the latest developments in diabetes and oral health science and clinical management as well as an opportunity for members of these two professions to embrace this much needed evolution in their respective clinical practices.

Addressing Critical Educational Needs

This 1-day symposium will include expert speakers from both the medical and the dental fields, who will inform participants on the latest developments within the following areas:

- **Current Concepts in Diabetes**
  - Epidemiology and clinical presentation
  - Pathogenesis and treatment

- **Basic Science Mechanisms Underlying the Diabetes–Oral Disease Connection**
  - Bidirectional relationship between diabetes and periodontal disease
  - Diabetes and oral disease in children and the elderly
  - Gestational diabetes and periodontal disease
  - Impact of diabetes on dental implant therapy
  - Role of inflammation in diabetes and periodontal complications
  - Impact of glycemic status and inflammation on cell death and bone

- **Policy Implications and Inter-Professional Relationships**
  - Needed reformations in the medical and dental curriculum
  - Unmet needs in diabetic patient and oral health care delivery
  - How to screen patient oral health in the medical office
  - How to screen patient diabetic status in the dental office
  - How to counsel patients in the medical or dental office regarding their oral health and/or diabetes management and the related nature of the two
  - Inter-professional collaboration
  - National trends in diabetes and oral health care

Patient outcomes will be improved thanks to the increased knowledge of the oral–systemic link, as well as a better understanding of the health concerns that are unique to this subset of the general population and how cooperation and communication among the medical and dental healthcare communities is required to better serve this patient population.
Target Audience

This **CDE- and CME-accredited** symposium will bring together *dentists, periodontists, dental hygienists, physicians, physician assistants, nurse practitioners, endocrinologists, epidemiologists, public health and nursing professionals, educators and basic researchers* to examine the **bidirectional relationship between oral disease and diabetes**. This conference aims to provide education that will increase awareness of this reciprocal relationship and provide a forum for **open dialogue and education** that will enhance the quality of health-care delivery, improve patient outcomes, and serve as an impetus for medical and dental care professionals to coordinate and collaborate towards the goal of improving the health of individuals with diabetes.

The symposium is designed to have a high and global impact both within and beyond the walls of the conference room through extensive marketing and **media outreach**. In addition, funding permitting, we will develop a **high-quality, web-based multimedia report of the event**, known as an Academy **eBriefing** (see page 10 for more details). The eBriefing will further disseminate the scientific and medical information exchanged by the participants to a global audience.

Learning Objectives

By the end of this course, participants should be able to:

- Improve their understanding about the necessity of including **oral health as part of routine health care**, particularly in the **diabetic population**.
- Discuss recent advances in our understanding of the **oral cavity** and their impact on **systemic diseases and diagnostics**.
- Improve their understanding and awareness of **current concepts in diabetes epidemiology, pathophysiology, and treatment**.
- Improve their understanding about factors that constitute the **oral-systemic link** and its importance in **individuals with or at risk of diabetes**.
- Discuss the critical need for **interprofessional patient management** in the care of dental and diabetic patients.
- Discuss how to effectively screen and counsel patients regarding their oral health and **diabetes risk/management**.
- **Network with colleagues** from a diverse range of health care backgrounds, increasing their professional contacts and thus enabling a more integrated approach to managing the health of diabetic individuals.
A Meeting Designed to Attract the Nation’s Leading Experts

Why This Conference is Unique

- One of few, if not the first scholarly conference, to thoroughly examine, in a neutral forum, emerging evidence of the link between oral disease and diabetes for both medical and dental professionals.
- Comprehensive syllabus developed and presented by both medical and dental professionals.
- Offers up to 6.5 Continuing Medical Education Credits and 6.5 Continuing Dental Education Credits for qualified medical and dental professionals.
- Following the conference, extensive open access dissemination material will spread the important discussions and findings from the meeting to a wide and diverse audience that includes medical and dental practitioners, scientists, policy makers, educators, and patients:
  - A multimedia, online eBriefing, including a selection of presenter slides, audio and video from each talk, and summaries written by a professional science writer, will be made freely available on the New York Academy of Sciences website.
- An intimate setting to accommodate up to 250 delegates and provide ample networking and collaboration opportunities, interactive discussion panels, and a dynamic and collegial environment.
- Reduced registration fees for students, postdocs, residents, fellows, and individuals from academia and nonprofit organizations will encourage participation and foster an opportunity to interact with leading practitioners and researchers studying and treating individuals with periodontal disease and diabetes.

Scientific Organizing Committee

- David A. Albert, DDS, MPH, Columbia University College of Dental Medicine
- Evie Lalla, DDS, MS, Columbia University College of Dental Medicine
- Ira B. Lamster, DDS, MMSc, Columbia University College of Dental Medicine
- Rudolph L. Leibel, MD, Columbia University College of Physicians and Surgeons

Symposium Format and Agenda

The 1-day CDE- and CME-accredited symposium will include four plenary sessions, including lectures that span a range of clinical practice and basic research topics related to the bidirectional relationship between oral disease and diabetes. Networking breaks and roundtable discussions will foster interprofessional communication and interactive participation among attendees.

Plenary Sessions will include:

- **SESSION I:** Current Concepts in Diabetes
- **SESSION II:** The Diabetes–Oral Health Connection
- **SESSION III:** Unraveling the Mechanistic Links between Periodontitis and Diabetes
- **SESSION IV:** Inter-Professional Relationships in Patient Care

To view the complete conference agenda, visit Page 6 or www.nyas.org/DentalDiabetes.
Conference Agenda

Wednesday, May 4, 2011

7:30 AM  Registration and Continental Breakfast

8:30 AM  Welcome Remarks and Symposium Overview
  Brooke Grindlinger, PhD, The New York Academy of Sciences

8:50 AM  Overview of Audience Response System (ARS) with Pre-Symposium Survey

SESSION I: Current Concepts in Diabetes

Chair: Rudolph L. Leibel, MD, Naomi Berrie Diabetes Center, Columbia University College of Physicians and Surgeons

9:00 AM  Keynote Address
  The Diabetes Epidemic and Need for Collaborative Healthcare Delivery
  William C. Knowler, MD, PhD, MPH, National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health

9:30 AM  Current Concepts in the Pathogenesis and Treatment of Diabetes
  Rudolph L. Leibel, MD, Naomi Berrie Diabetes Center, Columbia University College of Physicians and Surgeons

10:00 AM  Coffee Break

SESSION II: The Diabetes Oral Health Connection

Chair: Panos N. Papapanou, DDS, PhD, Columbia University College of Dental Medicine

10:30 AM  The Bidirectional Relationship Between Diabetes and Periodontal Disease
  George W. Taylor, DMD, DrPH, MPH University of Michigan School of Dentistry (CRSE) and School of Public Health (Epid)

11:00 AM  Diabetes and Oral Health in Children and the Elderly
  Ira B. Lamster, DDS, MMSc, Columbia University College of Dental Medicine

11:20 AM  Gestational Diabetes Mellitus, Periodontitis and Negative Maternal/Fetal Outcomes: Is There a Link?
  Karen F. Novak, DDS, MS, PhD, American Dental Education Association

11:40 AM  Diabetes and Dental Implant Therapy
  Thomas Oates, DMD, PhD, University of Texas Health Science Center at San Antonio

12:00 PM  Session I and II Panel Discussion with Open Questions from Audience ARS Survey of Participants

12:45 PM  Networking Lunch with Round Table Discussions
**SESSION III: Unraveling the Mechanistic Links between Periodontitis and Diabetes**

**Chair:** Ira B. Lamster, DDS, MMSc, Columbia University College of Dental Medicine

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| 2:05 PM | **The RAGE/Inflammation Story in Diabetic and Periodontal Complications**  
Ann Marie Schmidt, MD, New York University School of Medicine |
| 2:25 PM | **Impact of Diabetes on Cell Death and Bone in Periodontal Disease**  
Dana T. Graves, DDS, DMSc, University of Pennsylvania School of Dental Medicine |
| 2:45 PM | Session III Panel Discussion with Open Questions from Audience ARS Survey of Participants |
| 3:05 PM | **Coffee Break**                                                      |

**SESSION IV: Inter-Professional Relationships in Patient Care**

**Co-Chairs:** David A. Albert, DDS, MPH, Columbia University College of Dental Medicine and Pamela Allweiss, MD, MSPH, Centers for Disease Control and Prevention; University of Kentucky College of Public Health

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| 3:40 PM | **Treatment Considerations for the Management of the Diabetic Patient in the Dental Office**  
Evie Lalla, DDS, MS, Columbia University College of Dental Medicine |
| 4:00 PM | **Dentists' Attitudes and Orientations in the Management of the Patient with Diabetes**  
Carol Kunzel, PhD, MA, Columbia University College of Dental Medicine |
| 4:20 PM | **Working Across Medical-Dental Professional Boundaries in the Management of Diabetes and its Complications**  
Pamela Allweiss, MD, MSPH, Centers for Disease Control and Prevention; University of Kentucky College of Public Health |
| 4:50 PM | Session IV Panel Discussion, Summary of Lunchtime Round Table Discussions, and ARS Survey of Participants |
| 6:00 PM | **Symposium Concludes**                                              |
Program Evaluation

Symposium attendees will be asked to complete an evaluation form at the end of the day that will inquire about various aspects of the event’s proceedings. The evaluation form will cover the following topics:

(i) How well the symposium fulfilled its stated objectives; the benefits gained by participants from attending the symposium;
(ii) The extent to which the symposium increased their knowledge of the subject matter;
(iii) What new skills they learned;
(iv) What changes in attitude they experienced;
(v) How much they plan to implement their new knowledge to improve patient care and public health; and
(vi) The overall quality of the meeting and symposium materials.

In addition, attendees will be asked to evaluate each speaker on numerous measures, including:

(i) Clarity of presentation;
(ii) Knowledge of subject matter; and
(iii) Quality of audiovisual aids.

Respondents will also have the opportunity to suggest topics for future meetings and comment on improvements for the future. The New York Academy of Sciences (NYAS) will also measure relevant outcome metrics such as the number of symposium page visits to the open access multimedia conference eBriefing on the NYAS website.

Evaluation data will be analyzed and results will be shown using descriptive statistics. These results will be reviewed by NYAS program staff and used to gauge the success of the conference, speakers, and choice of meeting site. The data will also help inform NYAS of conference programming activities and topics for the future.

Outcomes Measurement

The Academy will utilize the following methods to measure the effectiveness of this activity on enhanced knowledge, skill, performance and/or patient outcome:

(i) Written, post-test evaluation form to be distributed on-site and compulsory for on-site participants who plan to request CE credits;
(ii) Audience Response System will be used during the event for both pre- and post-test questions;
(iii) Follow-up evaluation form will be emailed to all participants 6 months post-event to determine how participants have implemented new knowledge and skills into their practice. If new knowledge has not been implemented, the survey shall inquire as to remaining barriers or challenges preventing implementation;
(iv) An open access, multimedia, online report of the symposium will be published, distributed to all attendees, and available on-line to any interested person (eBriefing; funding permitting).
Involvement of Women, Persons of Disability, and Underrepresented Minorities in Science and Clinical Practice

The Academy has a longstanding commitment to supporting diversity in the sciences and clinical practice and makes special efforts to enhance participation of early career individuals through reduced registration fees and of underrepresented minority individuals via their participation as invited speakers and conference attendees. During 2009, students represented 20% of attendees at all NYAS Conferences. Of the 13 speakers on the conference program, 6 are women.

Underrepresented Minority Outreach will be conducted by announcing the conference via the following outlets: (i) American Indian Science and Engineering Society; (ii) Annual Biomedical Research Conference for Minority Students; (iii) Association for Women in Science; (iv) Committee on Women in Science, Engineering, and Medicine; (v) JustGarciaHill; (vi) Minority Scientist; (vii) National Organization of Gay and Lesbian Scientists and Technical Professionals; (viii) Society for the Advancement of Chicanos and Native Americans; and (ix) and Society of Mexican American Engineers and Scientists.

The Academy also encourages the participation of women by providing resources for Family- or Child-Care. Information on the “Travel and Lodging” tab on the NYAS conference website (www.nyas.org/DentalDiabetes) states the availability of family- or child-care options for participants, together with contact information for inquiries. NYAS works closely with interested attendees on an individual basis to explore and provide the best possible fit for their needs. The NYC Visitors & Convention Bureau provides NYAS with a great variety of solutions, including but not limited to: The Baby Sitters’ Guild, Sitter City, and Baby Sitter.com.

Academy Membership

Participants will also receive a complimentary 1-year membership to the New York Academy of Sciences, providing them with an opportunity to utilize the Academy’s vast portfolio of print and online educational materials, participate in future Academy conferences for free or reduced registration rates, and engage with the Academy’s international community of member scientists, and medical and dental professionals numbering more than 25,000 in 140 countries.
High-Quality Online Dissemination Materials

Post-event Promotion
Enduring information presented at the conference will be retrievable and widely disseminated to reach thousands of virtual participants beyond the walls of the conference center.

eBriefing: As is customary with the Academy’s major scientific conferences, funding permitting, we will publish a NYAS eBriefing, a web-based multimedia overview, based on this event. The eBriefing will include:
- A succinct, easy-to-read summary of the conference, prepared by a science writer.
- Selections of speakers’ slides synchronized with audio recordings of their talks.
- Additional information including speakers’ abstracts and links to related websites, articles in the scientific literature, and background on the conference speakers.
- Valuable access to information for interested individuals who were unable to attend.

The Academy’s online library of more than 550 eBriefings has received over 625,000 visits from more than 400,000 unique web visitors. eBriefings are consistently rated among the most popular and most frequently visited features on the NYAS website. For examples of our eBriefings, visit http://www.nyas.org/open-eb.

Previous Academy eBriefings on Oral Health and Disease

Two open access Academy eBriefings have collectively attracted more than 11,000 global viewers since their launch, demonstrating the international reach and impact of Academy conferences among the medical and dental communities:

Collaborative Health Care for Older Adults: Uniting Medicine and Dentistry
www.nyas.org/Collaborative

A Medical-Dental Dialogue: Periodontal Disease and Systemic Health
www.nyas.org/Periodontal

Leading Scientific, Dental, Medical, and Pharmaceutical Organizations Support NYAS Conferences

Previous supporters include:
- Aetna Dental
- Alzheimer’s Association
- Amgen
- AstraZeneca International
- Bristol-Myers Squibb
- Burroughs Wellcome Fund
- Canon
- Colgate Oral Pharmaceuticals
- DENTSPLY International
- Eisai
- Eli Lilly and Company
- European Science Foundation
- Genzyme Corporation
- Gilead
- GlaxoSmithKline
- Imperial College London
- Johns Hopkins University
- Johnson & Johnson Oral Health Care Products
- King’s College, London
- Life Technologies
- Merck & Co., Inc.
- Medical Research Council
- National Institutes of Health
- National Science Foundation
- Novartis
- NovoNordisk
- Oral Health America
- OraPharma, Inc.
- Orasure
- Ortho-McNeil-Janssen
- Oxford University
- Pepsi
- Pfizer
- Procter & Gamble
- Roche
- Salimetrics
- Sanofi-Aventis
- Siemens
- Skanska
- Solvay Pharmaceuticals
An Engaging and Highly Influential Audience

The conference program includes a national line-up of expert dental and medical practitioners as well as researchers leading the search for answers about the bidirectional link between oral disease and diabetes. The conference will include up to 300 attendees with diverse backgrounds and expertise, including dentists, periodontists, dental hygienists, physicians, physician assistants, nurse practitioners, endocrinologists, epidemiologists, public health and nursing professionals, educators and basic researchers.

Benefits for Supporters
Reaching Thousands All Over the World

Pre-Event Marketing
As a conference supporter, your organization will receive extensive exposure through multiple channels of marketing, enabling you to reach out to thousands of targeted medical and dental professionals, patients, and scientists. These channels include: targeted email campaigns, direct mail, and web advertising.

Activity support delivers to you:

- Recognition as a supporter on all email campaigns, which are deployed to thousands of selected candidates of the NYAS database, previous event attendees, and relevant external lists obtained through partnership agreements.
- Visibility as a supporter in the direct mail campaigns including past attendees and specific lists selected to ensure maximum reach to this audience.
- Branding as a supporter on the event website, to which traffic is driven by:
  - Banner ads strategically positioned on websites such as NYAS and other associations relevant to this subject.
  - Traffic from the NYAS website, which receives 400,000 monthly unique visitors.
  - Advertisements placed in the NYAS e-newsletters delivered to more than 50,000 opt-in subscribers.
  - Electronic advertising posted on several calendars, which will link to the event website.

Onsite Benefits
In addition, you will benefit as a supporter from many onsite marketing and networking opportunities at the event, including:

- Branding for your organization on signage throughout the conference.
- Highlighted position in the conference program distributed to all attendees.
- Complimentary passes to the event to increase your networking opportunities with attendees (Quantity of complimentary passes dependent on level of support).
CDE- and CME-Accredited for Dental & Medical Practitioners

Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the College of Physicians and Surgeons of Columbia University, College of Dental Medicine of Columbia University, and the New York Academy of Sciences.

The College of Physicians and Surgeons of Columbia University is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Columbia University College of Dental Medicine is an ADA CERP recognized provider 11/09-12/2013 and Dental Board of California registered provider #3954. ADA CERP is a service of the American Dental Association to assist dental professional in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

Designation Statement

The College of Physicians and Surgeons designates this educational activity for a maximum of 6.5 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Columbia University College of Dental Medicine designates this activity for 6.5 continuing education credits. Please contact your local licensing authority for CE credit hour guidelines and regulations. Credits will be awarded to dentists, dental hygienists, and allied dental health professionals.

The American College of Nurse Practitioners (ACNP) and The American Academy of Physician Assistants (AAPA) accept AMA PRA Category 1 Credit™ from organizations accredited by the ACCME. The American Nurses Credentialing Center (ANCC) accepts AMA PRA Category 1 Credit™ toward recertification requirements.

Disclosure Statement

The College of Physicians and Surgeons must ensure balance, independence, objectivity, and scientific rigor in its educational activities. All faculty participating in this activity are required to disclose to the audience any significant financial interest and/or other relationship with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in his/her presentation and/or the commercial contributor(s) of this activity. When unlabeled uses are discussed, these will also be indicated.
Support Opportunities

**Academy Friend $1,000 - $9,999**
- Prominent recognition as an Academy Friend with your organization’s name displayed on event Web site, e-mail, flyers, direct mail brochure, and onsite program.
- Onsite signage throughout the conference.
- Organization’s name with live link to your designated URL featured in the conference *eBriefing* (funding permitting).
- 0-2 complimentary registrations (based on level of support).

**Bronze $10,000 - $24,999**
- Prominent recognition as a Bronze Supporter with your organization’s name displayed on event Web site, e-mail, flyers, direct mail brochure, and onsite program.
- Onsite signage throughout the conference.
- Organization’s name with live link to your designated URL featured in the conference *eBriefing* (funding permitting).
- 2-5 complimentary registrations (based on level of support).

**Silver $25,000 - $49,999**
- Prominent recognition as a Silver Supporter with your logo and organization’s name displayed on event Web site and flyers.
- Prominent recognition as a Silver Supporter with your organization’s name displayed on the direct mail brochure and onsite program.
- Onsite signage throughout the conference.
- Logo and company name with live link to your designated URL featured in the conference *eBriefing* (funding permitting).
- 5-10 complimentary registrations (based on level of support).

**Gold $50,000 and up**
- Prominent recognition as a Gold Supporter with your logo and organization’s name displayed on event Web site and flyers.
- Prominent recognition as a Gold Supporter with your organization’s name displayed on the direct mail brochure and onsite program.
- Onsite signage throughout the conference.
- Logo and company name with live link to your designated URL featured in the conference *eBriefing* (funding permitting).
- 10-15 complimentary registrations (based on level of support).

**Exhibitor Opportunities $5,000 and up**
- Increase your exposure on the day of the event by exhibiting educational materials at your tabletop booth or pop-up display in a high-traffic area. Booth location will be determined by level of support. *All Academy Friend benefits are included.*

If you require more details on any of the support opportunities or would like to request a custom proposal, please contact Dr. Brooke Grindlinger at bgrindlinger@nyas.org, 212.298.8625.
About The New York Academy of Sciences

Founded in 1817, the New York Academy of Sciences is an independent, 501(c) (3) nonprofit, scientific and educational organization and one of the oldest scientific societies in the United States. It is dedicated to serving science and society through the dissemination of scientific knowledge. Throughout its history, the Academy’s membership has featured leaders in science, business, academia, and government, including U.S. Presidents Jefferson and Monroe, Thomas Edison, Louis Pasteur, Charles Darwin, Margaret Mead, and Albert Einstein. Today, the NYAS President’s Council includes 28 Nobel Laureates as well as CEOs, philanthropists, and leaders of national science funding agencies. The Academy numbers 25,000 members in 140 countries, and 400,000 unique visitors access the NYAS website each month. The Academy has a three-pronged mission: to advance scientific knowledge, positively impact major global challenges with science-based solutions, and increase the number of scientifically informed individuals in society. One way the Academy accomplishes this is by convening – in New York and throughout the world – leading and, especially, emerging experts in scores of interdisciplinary conferences annually. To drive scientific progress, NYAS disseminates the speakers’ insights through print and innovative electronic methods. These meetings reflect the Academy’s primary strength—that of “convener.” Industry and government leaders routinely call upon the Academy to serve as the neutral organizer of competing groups in the service of consensus-building within New York and beyond.

References


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