

63rd NHA Annual Meeting Sponsorship Form

Sponsorships are available on a first come, first served basis. Additional information will be provided as the conference date approaches. Please complete all fields.

Today's Date: _____
Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____ Email: _____
Phone: _____ Fax: _____
Company Website: _____

Sponsorship Levels

<i>Centurion</i> <input type="checkbox"/> \$20,000	<i>Elite</i> <input type="checkbox"/> \$15,000	<i>Platinum</i> <input type="checkbox"/> \$10,000	<i>Gold</i> <input type="checkbox"/> \$7,500	<i>Silver</i> <input type="checkbox"/> \$5,000
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Other -

<i>Keynote Speaker</i> <input type="checkbox"/> \$7,500	<i>Welcome Dinner</i> <input type="checkbox"/> \$5,000	<i>Exhibitor Networking</i> <input type="checkbox"/> \$4,500	<i>Healthcare Awards Luncheon</i> <input type="checkbox"/> \$4,500
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<i>Recreational Activity</i> <input type="checkbox"/> \$3,000	<i>Tech</i> <input type="checkbox"/> \$3,000	<i>Conference Lunch</i> <input type="checkbox"/> \$3,000	<i>Conference Breakfast</i> <input type="checkbox"/> \$3,000
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<i>Wireless Internet</i> <input type="checkbox"/> \$3,000	<i>Print</i> <input type="checkbox"/> \$3,000	<i>Refreshment</i> <input type="checkbox"/> \$2,000	<i>Java Up Coffee</i> <input type="checkbox"/> \$1,600
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<i>Welcome Gift</i> <input type="checkbox"/> \$1,600	<i>Lanyard</i> <input type="checkbox"/> \$1,100	<i>Exhibitor Only</i> <input type="checkbox"/> \$2,000	<i>Donation</i> <input type="checkbox"/> _____
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Payment Information: Check: Credit Card: VISA MasterCard AMEX Security Code _____

Card number: _____ Exp. date: _____

Billing address: _____

City: _____ State: _____ Zip: _____

Name as it appears on card: _____

Total Amount: \$ _____ Signature: _____

Payment is due 30 days from the date of vendor commitment. Reservation forms without payment will be considered incomplete and do not guarantee a reservation. Refunds will not be provided. Submit your paperwork and payment to:

Nevada Hospital Association • 5190 Neil Road, Suite 400 • Reno, NV, 89502
Attn: Sarah Ewing Hunt • sarah@nvha.net • Direct 775-657-5846 • FAX 775-827-0190

You will be contacted to obtain the name(s) of the person(s) attending the event as part of your sponsorship. All attendees must be registered 30 days prior to the event.

The NHA reserves exclusive rights to determine appropriate items for distribution and use of sponsor logos or sponsor name recognition on any and all conference materials, clothing, gifts, signage, displays and all other items, events, venues or materials associated with sponsorship. The NHA reserves the right to accept or reject a sponsor. Updated 2/15/2022.