



Offering products and services that help health care trustees serve their boards and their communities

SPONSORSHIP COMMITMENT FORM

SPONSORSHIP SELECTION

- Platinum Sponsor - \$7,500*
- Gold Sponsor - \$5,000*
- Silver Sponsor - 2,500*
- Bronze Sponsor - \$1,250*
- Thursday Evening Event Sponsor - \$1,750

*Ad included in sponsorship

AD SPECIFICATIONS

Full page (Platinum)	10.5(h) x 8(w)
Half page (Gold)	5.25(h) x 8(w)
Quarter page (Silver)	5.25(h) x 4(w)
Eighth page (Bronze)	2.625(h) x 4(w)

*** Ad will be included in the program brochure to be distributed at the Symposium. The deadline for ad submission will be April 15, 2012.**

Company logo must be received by January 13, 2012 to be included in the pre-symposium registration brochure.

All ads and logos must be:

- High resolution (300 dpi or higher)
- Full Color
- Correct size of ad specified
- Sent on CD/DVD or e-mailed as a PDF, AI, EPS, JPEG, or TIFF

Please include:

- All native files, font, graphics used—including those used in illustration program files. Make PDFs high resolution with fonts embedded.
- Which platform, program and version of the program in which the ad was created.

If you have any questions about sponsorships, please contact Jill Vicory, Utah Hospitals & Health Systems Association, (801) 486-9915 or jill@utahhospitals.org. If you have any questions about advertising specifications, contact Kim Larson, Nebraska Hospital Association, (402) 742-8143 or klarson@nhanet.org.

Sponsorship Commitment Form

CONTACT INFORMATION

Sponsor Company Name _____

Contact Person & Title _____

Address _____

City, State, ZIP _____

Phone _____ Fax _____ E-mail _____

PAYMENT INFORMATION

Sponsorship \$ _____

Additional Sponsor Item \$ _____

Sponsorship Total \$ _____

Pay by check: (Please make payable to MHA... An Association of Montana Health Care Providers)

Pay by credit card: Visa MasterCard

Credit Card #: _____

Expiration Date: _____

Name on Card: _____

Signature: _____

SIGN HERE!

This form serves as your sponsorship contract. Please sign and date below to verify the agreement between your company and the Western Regional Trustee Symposium. A symposium representative will be contacting you. Registration for attending the symposium requires a separate registration form that will be sent at a later date.

Signature _____ Date _____

Send completed commitment form by January 13, 2012 to:

Mail: Jill Vicory
Utah Hospitals & Health Systems Association
2180 S. 1300 East, Suite 440
Salt Lake City, UT 84106

Fax: (801) 486-0882
E-mail: jill@utahhospitals.org
Phone: (801) 486-9915