

HLAMV MEETING SPONSORSHIP APPLICATION

COMPANY NAME: _____

PRODUCT/SERVICE: _____

WEBSITE: _____

MAILING ADDRESS FOR INVOICE: _____

REPRESENTATIVE NAME:

1. _____

EMAIL: _____ PHONE: _____

2. _____

EMAIL: _____ PHONE: _____

MEETING DATE TO SPONSOR: _____

***Please submit your company logo via email to
rbaird@nctacancer.com***

Thank you for your interest in supporting a Healthcare Leaders Association of the Miami Valley membership meeting.
Your sponsorship entitles you to the following:

- * Display Table set up 30 minutes prior to meeting
- * Distribution of company literature at the meeting
- * Opportunity to provide one educational article to be distributed to all members via email
- * 5-10 minutes to address group at membership meeting
- * Attendance and meal for 2 company representatives at sponsored meeting
- * Listing on our website as a meeting sponsor

Sponsorship fee is \$350.

This is due prior to the date of the meeting.

Please make checks out to HLAMV, and mail to the PO Box above.

—OR—

Pay Online through Quickbooks:

