

# 2019 Sponsorship Application

## CONTACT INFORMATION:

*(This information will be printed in the AHCA/AALA Directory & Buyers Guide if received by deadline.)*

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Your social media names you would like us to include:

\_\_\_\_\_

Description of your Company's products or services:  
*(Attach additional page if necessary.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## SPONSORSHIP LEVEL

\*All levels include Associate Membership

- |  |  |
|--|--|
| <input type="checkbox"/> Diamond – \$50,000  | <input type="checkbox"/> Silver – \$10,000 |
| <input type="checkbox"/> Platinum – \$25,000 | <input type="checkbox"/> Bronze – \$5,000  |
| <input type="checkbox"/> Gold – \$15,000     | <input type="checkbox"/> Copper – \$2,500  |

Tax ID: \_\_\_\_\_

- Sponsorship Renewal for 2019  
 New Sponsorship Application  
*(New members must be sponsored by a Member.)*

Sponsor Name: \_\_\_\_\_  
*(Required for New Members.)*

Signature of Applicant

Date

## ADDITIONAL CONTACTS:

1. Contact Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address *(if different)*: \_\_\_\_\_

\_\_\_\_\_

2. Contact Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address *(if different)*: \_\_\_\_\_

\_\_\_\_\_

3. Contact Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address *(if different)*: \_\_\_\_\_

\_\_\_\_\_

## PAYMENT

- Check  
 Visa    MasterCard    American Express

Name on card: \_\_\_\_\_

CC#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

V-Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Signature: \_\_\_\_\_

Email Credit Card Receipt to:

\_\_\_\_\_

## PLEASE RETURN FORM TO:

Arkansas Health Care Association  
Attn: Cat Hamilton  
1401 W. Capitol Avenue, Suite 180  
Little Rock, AR 72201

chamilton@arhealthcare.com | fax: (501) 374-1077

*\*Must be received no later than 2/9/19 to be listed in the AHCA/AALA Directory & Buyers Guide.*

