



*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
- 5 sponsorship choices (choose one)
- ☐ Keynote speaker
- ☐ Luncheon on Wednesday
- ☐ Luncheon on Thursday
- ☐ Wednesday break
- ☐ Thursday break
- ☐ **Silver Sponsor** - \$2,500
- ☐ **Bronze Sponsor** - \$1,250

*Ad included with each sponsorship*

## AD SPECIFICATIONS

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

*\* Ad will be included in the program brochure to be distributed at the Symposium.  
The deadline for ad submission is April 16, 2017.*

**Company logo must be received by January 16, 2017 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
- Emailed 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.

Sponsorship Commitment Form

CONTACT INFORMATION

Sponsor Company Name \_\_\_\_\_

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

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Website \_\_\_\_\_ Twitter (if applicable) \_\_\_\_\_

PAYMENT INFORMATION

**Sponsorship Total** \$ \_\_\_\_\_

**Tabletop display power + \$35** \$ \_\_\_\_\_

☐ **Pay by Check**

\*Please make payable to **Nevada Hospital Association**

☐ **Pay by Credit Card (Visa, MasterCard, American Express and Discover)**

Due to federal regulations to ensure the security of your credit card information, a representative from the Nevada Hospital Association will contact you at the phone number listed above to obtain this information.

**Cancellation Policy**

If written notice of sponsorship cancellation is received by the Western Regional Trustee Symposium on or before April 16, 2017, a full refund less a \$100 administrative fee will be made. If written notice of cancellation is received after that date, no refund will be made and any outstanding balance will be due.

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 16, 2017 to:**

**Mail:** Amy E. Shogren, Director of Communications & Administration  
Nevada Hospital Association  
5190 Neil Road, Suite 400  
Reno, NV 89502

If you have any questions about sponsorships, please contact Amy Shogren, Nevada Hospital Association, at (775) 827-0184 or email amy@nvha.net. If you have any questions about advertising specifications, contact Kim Larson, Nebraska Hospital Association, (402) 742-8143 or klarson@nebraskahospitals.org.