



PARTNER | SPONSOR | EXHIBIT

APPLICATION

COMPANY INFORMATION

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____ Website: _____

PRIMARY CONTACT *(This person will be the primary point of communication.)*

Contact Name: _____ Title: _____

Tel: _____ Email: _____

STRATEGIC PARTNERSHIP

- Mission Partner \$75,000
- Alliance Partner \$50,000
- Corporate Partner \$25,000

CONFERENCE SPONSOR

- Platinum Sponsor \$20,000
- Gold Sponsor \$15,000
- Silver Sponsor \$10,000
- Bronze Sponsor \$7,500

CONFERENCE EXHIBIT

- Early-Bird \$4,195
- Regular Rate \$4,395

PAYMENT METHOD

Total Amount Due: _____

Check Enclosed

Please make check payable to Center for Health Policy Development and mail to:

*National Academy for State Health Policy
Attn: Accounts Receivable
10 Free Street, 2nd Floor
Portland, ME 04101*

Payment by Credit Card

Credit card payment is accepted for all transactions \$5,000 or less.

Card Type: _____ Card Number: _____

Name on Card: _____

Billing Address: _____

EXCLUSIVE SPONSORSHIP ITEM: _____

(Selections based on availability; assignments made on a first come, first served basis.)

PLEASE SUBMIT APPLICATION TO:

Ashlee Maxfield, Director of Conferences and Partnership Development

email: amaxfield@nashp.org • tel: 207-822-3937 • fax: 207-874-6566

Cancellation policy: Fifty percent of each exhibit fee and of all sponsorships are non-refundable. All cancellations of exhibit space or sponsorships must be sent, in writing, to NASHP at amaxfield@nashp.org Friday, July 6, 2018. You will receive a refund minus the amount of your deposit. No refunds will be given after Friday, July 6, 2018. No cancellations for sponsorships or will be accepted regardless of date if exclusive sponsorship materials have already been produced/purchased by NASHP.