

THE NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS

2006 Capitol Conference Sponsor Appreciation Packages

In recognition and appreciation of your support of NAHU, we gladly extend the following benefits to all our sponsors:

- Prominent signage in common areas
- Extensive coverage, including a company description, in conference program
- Sponsors listed in pre-event and post-event coverage in HIU magazine
- Logo listed on NAHU website
- Special consideration in the selection of the Jack Ferguson Associate Company Award
- *Additional benefits outlined below will accrue at specific sponsorship levels*

Gold Sponsor - \$20,000 and up

- One complimentary tabletop booth
Includes two complimentary conference registrations
 - Additional exclusive recognition opportunities
 - ❑ Your Company logo on Hotel Keycards
- OR**
- ❑ Your Company logo on Conference Tote bags
- OR**
- ❑ Exclusive sponsorship of HUPAC Event

Silver Sponsor - \$5,000

- One complimentary tabletop booth
Includes one complimentary conference registration
 - Recognition for sponsorship of Continental Breakfast on:
 - ❑ Monday
 - ❑ Tuesday
- OR**
- ❑ Wednesday

Bronze Sponsor - \$1,500

- One complimentary conference registration
- Sponsorship of one Breakout Session on Monday afternoon:
 - ❑ Play Ball: How to Pitch to the Media and Get Results?
 - ❑ Decreasing Health Care Costs Through Wellness Initiatives
 - ❑ Demystifying Medicare Part D--Tools You Can Use to Help Seniors
 - ❑ Universal Coverage Initiatives: Incremental Erosion of the Private Health Insurance Marketplace?

Please see reverse for Sponsorship Application and Contract

Sponsor Application and Contract
NAHU 16th Annual Capitol Conference
March 27-29, 2006
Washington, D.C.

1. Please check the appropriate sponsorship level on reverse and select one exclusive recognition opportunity at that level.
2. Please complete the following information:

Company Name _____

Contact Name _____

Title _____

Address _____

Phone _____ Fax _____

E-mail _____

3. **Payment Information:**

By check (payable to NAHU):

By Credit Card:

MasterCard

American Express

Visa

Discover

Credit Card Number _____ Exp Date _____

Cardholder Name _____
(Please print)

Cardholder Signature _____

We agree to abide by all rules and regulations governing the convention. Acceptance of this application by the National Association of Health Underwriters constitutes a binding agreement between the parties.

Authorized by (please print) _____

Authorized Signature _____

Date: _____

Please return form and payment to:
Elizabeth Walton, Manager of Board Relations
National Association of Health Underwriters
2000 N. 14th Street, Suite 450
Arlington, VA 22201
Fax: 703-841-7797