



Capitol Conference Sponsor Appreciation Packages

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

- Prominent signage in common areas
- Coverage, including a company description, in conference program
- Sponsors listed in pre 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 - \$10,000 and up

- One complimentary tabletop booth
Includes three complimentary conference registration
- Additional exclusive recognition:
 - ❑ Sponsorship of one general session
OR
 - ❑ Your company logo on lanyards for badges
OR
 - ❑ Your company logo on hotel keycards

Silver Sponsor - \$5,000 and up

- One complimentary tabletop booth
Includes two complimentary conference registrations
- Recognition for sponsorship of:
 - ❑ Monday Continental Breakfast
 - ❑ Tuesday Continental Breakfast
OR
 - ❑ Wednesday Continental Breakfast

Bronze Sponsor - \$1,500

- One complimentary conference registration

*Please Direct Questions to:
Dianne Sautkulis, Director of Corporate Affairs
National Association of Health Underwriters
DSautkulis@nahu.org
Phone: 703-276-3813
Fax: 703-841-7795*



**Sponsor Application and Contract
NAHU Annual Capitol Conference
Washington, D.C.**

1. Please fill in the appropriate sponsorship level and complete the following information:

Sponsorship Level _____

Company Name _____

Contact Name _____

Title _____

Address _____

Phone _____ Email _____

2. 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 conference. 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:
Dianne Sautkulis, Director of Corporate Affairs
National Association of Health Underwriters
2000 N. 14th Street, Suite 450, Arlington, VA 22201
Fax: 703-841-7795*