



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)	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 17, 2018.*

Company logo must be received by January 19, 2018, 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)**

Your will receive a separate credit card processing form.

Cancellation Policy

If written notice of sponsorship cancellation is received by the Western Regional Trustee Symposium on or before April 17, 2018, 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 19, 2018 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 E. Shogren, Nevada Hospital Association, at (775) 827-0184 or email amy@nvha.net.