

36th Annual Conference

November 12, 2019

The Westin
Virginia Beach
Town Center

4535 Commerce St.
Virginia Beach, VA

RETURN THIS FORM TO
Virginia Association
for Home Care and Hospice
3761 Westerre Parkway,
Suite B
Henrico, VA 23233

804-285-8636 PHONE
804-288-3303 FAX

www.vahc.org
vahc@vahc.org

2019 Sponsorship Opportunities

SPONSORSHIP LEVEL <i>Check box below within your selected sponsorship level</i>	INCLUDED IN YOUR SPONSORSHIP					
	Sponsored Event Signage	Sponsored Event Recognition	Educational Programs Registration	Conference Program Ad	Newsletter (3 months recognition)	Website (3 months recognition)
PLATINUM (\$1500) <input type="checkbox"/> Exhibitor Table	✓	✓	2	FULL PAGE	✓	✓
GOLD (\$1,250) <input type="checkbox"/> Luncheon	✓	✓	1	1/2 PAGE	✓	✓
SILVER (\$750) <input type="checkbox"/> Continental Breakfast	✓	✓		1/4 PAGE	✓	✓
BRONZE (\$500) <input type="checkbox"/> Refreshment Break <input type="checkbox"/> Name Tag Badges/Pouches	✓	✓			✓	✓

ADVERTISING OPPORTUNITIES			
<i>Select an options below:</i>	FULL PAGE AD 7.5 (w) x 9.5 (h) inches	HALF PAGE AD 7.5 (w) x 4.5 (h) inches	QUARTER PAGE AD 3.5 (w) x 4.5 (h) inches
<input type="checkbox"/> REGISTRATION BROCHURE <i>Sent to all agencies statewide</i>	\$500	\$350	\$250
<input type="checkbox"/> CONFERENCE PROGRAM <i>Distributed to each conference attendee</i>	\$500	\$350	\$250
<input type="checkbox"/> MONTHLY NEWSLETTER (Members only) <i>Runs for 3 consecutive months Must be received by the 1st of the month</i>	\$500	\$350	\$250
<input type="checkbox"/> COMPANY FLYER <i>Included in attendee handouts</i>	\$500		
<input type="checkbox"/> ANNUAL DIRECTORY	Call VAHC office for options and pricing		

Yes! I would like to be a 2019 event sponsor and/or advertise

COMPANY / ORGANIZATION NAME: _____

COMPANY DESCRIPTION: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

CONTACT PERSON: _____ EMAIL: _____

Payment Method: Check (Payable to VAHC) Mastercard VISA

CARD NUMBER: _____ EXPIRATION: _____ CSC#: _____

NAME OF CARDHOLDER: _____

ADDRESS OF CARDHOLDER: _____

CITY, STATE, ZIP: _____

SIGNATURE: _____

EMAIL ADDRESS (For Credit Card Receipt): _____