

# SPONSORS/EXHIBITORS REGISTRATION AGREEMENT



The Texas Association of Health Plans Managed Care Conference and Trade Show

## SPONSORSHIP LEVEL REQUESTED

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Diamond</b> \$10,000 | <input type="checkbox"/> <b>Platinum</b> \$7,500 | <input type="checkbox"/> <b>Gold</b> \$5,000    |
| <input type="checkbox"/> <b>Silver</b> \$3,500   | <input type="checkbox"/> <b>Bronze</b> \$1,500   | <input type="checkbox"/> <b>Exhibit</b> \$2,500 |

## OTHER SPONSORSHIP OPTIONS

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> <b>Breaks</b> \$2,500            | <input type="checkbox"/> <b>Casino Night</b> \$3,500         | <input type="checkbox"/> <b>Cocktail Events</b> \$2,500 |
| <input type="checkbox"/> <b>Conference Bags</b> \$5,500   | <input type="checkbox"/> <b>Hotel Room Key Cards</b> \$3,500 | <input type="checkbox"/> <b>Lanyards</b> \$2,500        |
| <input type="checkbox"/> <b>Lunches</b> \$5,000           | <input type="checkbox"/> <b>Speakers</b> \$2,500             | <input type="checkbox"/> <b>Storyboards</b> \$550       |
| Final Program:  |  |   |
| <input type="checkbox"/> <b>Back Cover</b> \$1,500        | <input type="checkbox"/> <b>Full Page</b> \$500              | <input type="checkbox"/> <b>Half Page</b> \$250         |
| <input type="checkbox"/> <b>Inside Back Cover</b> \$1,000 | <input type="checkbox"/> <b>Inside Front Cover</b> \$1,000   |   |

## BOOTH SELECTION

*(for Diamond, Platinum, Gold, Silver and Exhibit Sponsorships Only)*

List your first three choices for booth locations *(Please see map in conference brochure for booth locations and numbers).*

1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_ 3rd Choice: \_\_\_\_\_ *(We will call you if your choices are taken).*

## COMPANY INFORMATION

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_  
Exhibit Materials should be sent to: \_\_\_\_\_

## PAYMENT METHOD

**Check:** (Amount enclosed \$ \_\_\_\_\_) Please make checks payable to **TAHP** and mail to  
1001 Congress Avenue, Suite 300, Austin Texas 78701 or Fax to 512-476-2870

**Credit Card:**  AMEX  MC  Visa Credit Card #: \_\_\_\_\_

Billing address *(if different from above):* \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature *(required):* \_\_\_\_\_