

SPONSORS/EXHIBITORS REGISTRATION AGREEMENT



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

SPONSORSHIP LEVEL REQUESTED

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

OTHER SPONSORSHIP OPTIONS

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

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 #: _____ Expiration Date: _____

Billing address *(if different from above):* _____

City: _____ State: _____ Zip: _____

Name on card: _____ e-Signature *(please type name):* _____