




SPONSORSHIP INFORMATION FORM

Combined Sections Meeting

February 2017

Sponsorship Levels

	Platinum: \$5,000
	Gold: \$2,500
	Silver: \$1,500
	Bronze: \$500

What is included:



- Admission for three (3) corporate persons to Section Meet & Greet
- Introduction as section sponsor at Section Meet & Greet / sponsorship placard
- 15-20 minute product presentation – lunch Day 1 of selected Preconference programming
- Opportunity to introduce HOT TOPICS educational session Day 1 of Main Conference
- Recognition at Home Health Section Business Meeting (presence optional)
- 2 complimentary ½ page newsletter advertisements (same or separate issues) any time in the year of sponsorship (2017)



- Admission for two (2) corporate persons to Section Meet & Greet
- Introduction as section sponsor at Section Meet & Greet / sponsorship placard
- Opportunity to introduce one (1) educational session of Main Conference + logo on title slide
- Recognition at Home Health Section Business Meeting
- 1 complimentary ½ page newsletter advertisement any time in the year of sponsorship (2017)
- 1 complimentary 5-month banner ad on Section website/electronic media



- Admission for one (1) corporate person to Section Meet & Greet
- Introduction as section sponsor at Section Meet & Greet / sponsorship placard
- Opportunity to introduce one (1) educational session of Main Conference
- Recognition at Home Health Section Business Meeting
- 1 complimentary ¼ page newsletter advertisement any time in the year of sponsorship (2017)



- Admission for one (1) corporate person to Section Meet & Greet
- Introduction as section sponsor at Section Meet & Greet / sponsorship placard
- Opportunity to introduce one (1) educational session of Main Conference + logo on title slide
- Recognition at Home Health Section Business Meeting

For additional information please contact:

Home Health Section – APTA

admin@homehealthsection.org

www.homehealthsection.org



Combined Sections Meeting Sponsorship Commitment Form

Thanks for your interest in becoming a Home Health Section sponsor at APTA's Combined Sections Meeting (CSM). You may complete and transmit this form to the Home Health Section to fulfill your sponsorship commitment.

Event You Wish to Sponsor: _____

Name of CSM event you wish to sponsor (see the sponsorship info packet for suggestions)

Amount of Sponsorship: \$ _____

Payment Method: Check Credit Card (see below)

Please make your check payable to "Home Health Section – APTA."

Please provide the following information:

Contact Person _____

Company Name _____

How would you like company name listed on signage (if different from above): _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-mail Address: _____

Credit Card: American Express Mastercard Visa

Card Number: _____ Expiration Date: _____

Name on Credit Card: _____ CVN Code on Card: _____

Billing Address for Credit Card (with ZIPCODE!) if different from address provided above:

Authorized Signature: _____

Home Health Section tax ID is: 35-1909266 DUNS: 826885589

If you have provided an email address, a receipt will be provided by email. Otherwise a receipt will be sent via USPS mail.

Thank you!

Mail to: Home Health Section – APTA • PO Box 4553 • Missoula, MT 59806-4553

www.homehealthsection.org • 866.230.2980

FAX to: 866-861-4675