



AHCAP

Healthcare Facility & Hospital Association Sponsorship Program 2017

Sponsorship donations from healthcare facilities and state hospital associations support the annual AHCAP Educational Conference.

Each dollar of support defrays the overhead costs it takes to produce the event, which in turn keeps registration rates low for our members and attendees.

Levels & Benefits

\$5,000 and above

Complimentary registration for two administrative professionals at your facility/organization
Facility/organization logo on AHCAP conference website page
Facility/organization logo placement on printed onsite program and signage

\$3,500 - \$4,999

Complimentary registration for one, and 50% discount on registration fees for a second, administrative professional at your facility/organization
Facility/organization logo on AHCAP conference website page
Facility/organization logo placement on printed onsite program and signage

\$2,500 - \$3,499

Complimentary registration for one administrative professional at your facility/organization
Facility/organization logo on AHCAP conference website page
Facility/organization logo placement on printed onsite program and signage

\$1,500 - \$2,499

50% discount on registration fees for one administrative professional at your facility/organization
Facility/organization logo on AHCAP conference website page
Facility/organization logo placement on printed onsite program and signage


\$1,000 - \$1,499

Facility/organization logo on AHCAP conference website page
Facility/organization logo placement on printed onsite program and signage

Up to \$999

Facility/organization listing on AHCAP conference website page
Facility/organization listing on printed onsite program and signage

* To be listed in the onsite program and signage, materials must be received by July 1, 2017.





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2017 Healthcare Facility & Hospital Association Donation Form

This sponsorship program is for hospitals, healthcare facilities/systems, and state hospital associations.
Corporate/vendor sponsors please see the Corporate/Vendor Sponsorship Program.

CONTACT INFORMATION: (Please print)

Name of Sponsoring Organization: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

E-mail: _____

Website: _____

Please select sponsorship level:

- \$5,000 and Above
- \$3,500 - \$4,999
- \$2,500 - \$3,499
- \$1,500 - \$2,499
- \$1,000 - \$1,499
- Up to \$999

Amount of Support: \$_____

PAYMENT INFORMATION:

Check Enclosed (Made payable to AHCAP) American Express MasterCard Visa

Name on Card: _____

Card Number: _____

Expiration: _____

Security Code: _____

Signature: _____

Questions?

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