

Sales Form



NATIONAL ASSOCIATION OF
Community Health Centers

CONTACT INFORMATION:

COMPANY NAME _____
 STREET ADDRESS _____
 CITY/STATE/ZIP _____
 COMPANY CONTACT _____ TITLE _____
 TELEPHONE _____
 FAX _____
 EMAIL _____
 WEBSITE: _____

CONFERENCE:

Please complete a form for each conference separately

- 2010 Community Health Institute & EXPO (CHI)
- 2010 Financial Operations, Management and Information Technology Conference (FOM/IT)
- 2010 State & Regional Primary Care Association Conference (S/RPCA)
- 2011 Policy & Issues Forum (P&I)
- 2011 National Farmworker Health Conference (NFH)

ADVERTISING:

- | | | | | | |
|--|--------------------------------------|------------------------------------|---|----------|----------|
| <input type="checkbox"/> Conference Program | <input type="checkbox"/> Color | <input type="checkbox"/> Full Page | <input type="checkbox"/> Inside Front Cover | \$ _____ | \$ _____ |
| | <input type="checkbox"/> Black/White | <input type="checkbox"/> Half Page | <input type="checkbox"/> Outside Back Cover | | |
| | | | <input type="checkbox"/> Inside Back Cover | | |
| <input type="checkbox"/> EXPO Guide | <input type="checkbox"/> Color | <input type="checkbox"/> Full Page | <input type="checkbox"/> Inside Front Cover | \$ _____ | |
| | <input type="checkbox"/> Black/White | <input type="checkbox"/> Half Page | <input type="checkbox"/> Outside Back Cover | | |
| | | | <input type="checkbox"/> Inside Back Cover | | |

Advertising Rates	Black/White	Color
Full Page Ad	\$1,000	\$1,750
Half Page Ad	\$500	\$900
Inside Front Cover	N/A	\$3,000
Outside Back Cover	N/A	\$3,500
Inside Back Cover	N/A	\$3,000

MARKETING AND SPONSORSHIPS:

- | | | | | | |
|--|--------------------------------|---|------------------------|----------|----------|
| <input type="checkbox"/> Conference Tote Bag | \$20,000 | <input type="checkbox"/> EXPO Lounge | \$5000 | \$ _____ | \$ _____ |
| <input type="checkbox"/> Hotel Key Cards | \$15,000 | <input type="checkbox"/> Registration Counters | \$5,000 | | |
| <input type="checkbox"/> Hotel TV Channel | \$15,000 | <input type="checkbox"/> Education Session | \$2,000 | | |
| <input type="checkbox"/> CHI Theme Party | SOLD OUT | <input type="checkbox"/> Reg Bag Insert | \$2,000 | | |
| <input type="checkbox"/> Lanyard | \$7,500 | <input type="checkbox"/> Reg Bag Notepad/Pen | \$2,000 | | |
| <input type="checkbox"/> EXPO Aisle Signs | \$7,500 | <input type="checkbox"/> Directional Signage | \$1,500 | | |
| <input type="checkbox"/> Cyber Kiosk | \$7,500 | <input type="checkbox"/> EXPO Game Piece | \$500 per square | | |
| <input type="checkbox"/> Opening Reception | \$7,000 | <input type="checkbox"/> Product Presentaton | \$500 per presentation | | |
| <input type="checkbox"/> Networking Lunch | \$5,000 | | | | |
| <input type="checkbox"/> Mailing Labels | PreReg | Full List (after Meeting) | | \$ _____ | |
| | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$750 | | | |
| <input type="checkbox"/> Lead Retrieval Scanner | Pre Meeting | On-Site | | \$ _____ | |
| | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$350 | | | |

GRAND TOTAL \$ _____

Payment: Make checks payable (in US Dollars) to NACHC.

You may also pay by credit card: Visa M/C AmEx

AMOUNT: _____

CARD NO: _____ EXP. DATE: _____

PRINT NAME (AS IT APPEARS ON CARD): _____

CARDHOLDER SIGNATURE: _____ DATE: _____

Send To:

NACHC 2010/2011 Sales
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 Bethesda, MD 20814
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 Fax: 301-347-0459
 Email: tfadness@nachc.com