

The Cornhusker Marriott Hotel • Tuesday, March 31, 2009 • 8:30 a.m. - 1:00 p.m.

### Program Description

NHA Advocacy Day is a half-day workshop that provides hospital CEOs, advocacy team members, trustees, key hospital staff, state senators and their staff, division leaders of Health and Human Services and other health care advocates with important information about state legislative issues.

Advocacy Day facilitates grassroots advocacy efforts by bringing together health care professionals and their state senators to discuss how legislation affects the delivery of health care services in their communities.

### Your Marketing Opportunity

You are invited to participate as a select sponsor of NHA Advocacy Day. As a sponsor, your company name, marketing materials and contact information would be exposed to a large audience from a wide variety of health care providers across the state, in addition to a majority of Nebraska's state senators.

Please reserve your sponsorship by November 30, 2008.

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## Sponsorship Levels

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### TITLE Sponsor - \$5,000

(Limited opportunity)

- Six registrations for sessions and the Legislative Luncheon
- Your company logo on cover of the Advocacy Day Program
- Opportunity to talk about your company during the morning session
- Verbal sponsorship recognition during each session and during the Legislative Luncheon
- Your company logo on signage at each session and the Legislative Luncheon
- Your company listed as the banner of the Advocacy page of the NHA Web site
- Your company logo hyperlinked on the Advocacy page of the NHA Web site
- Your company profile in the NHA Newslink
- Your company logo featured on all event targeted marketing materials
- Your marketing materials and/or business cards placed in attendees' packets

### Champion Sponsor - \$2,000

- Two registrations for sessions and the Legislative Luncheon
- Your company logo on the Advocacy Day Program
- Verbal sponsorship recognition during each session and during the Legislative Luncheon
- Your company logo on signage at each session
- Your company listed and hyperlinked on the Advocacy page of the NHA Web site
- Your company logo featured on all event targeted marketing materials
- Your marketing material and/or business cards placed in attendees' packets

### Advocate Sponsor - \$1,000

- One registration for sessions and the Legislative Luncheon
- Verbal sponsorship recognition during each session
- Your company listed on all event signage and Advocacy Day Program
- Your company listed on the Advocacy Web page
- Your company logo featured on all event targeted marketing materials

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## Sponsorship Levels, continued

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### Legislative Luncheon Table Sponsor - \$500

(Limited opportunity)

- One registration at the Legislative Luncheon
- Your company listed in the Advocacy Day Program
- Verbal sponsorship recognition during the Legislative Luncheon
- Your company listed at the Legislative Luncheon
- Your company listed as a table sponsor on the Advocacy page of the NHA Web site
- Your marketing materials and/or business cards placed on your sponsored table
- Opportunity to talk to attendees during the Legislative Luncheon and breaks

### Contributor Sponsor - \$250

- Verbal sponsorship recognition during each session and during the Legislative Luncheon
- Your company listed in the Advocacy Day Program
- Your company listed on the Advocacy Web page
- Your marketing materials and/or business cards placed in attendees' packets

### Coffee Break Sponsor - \$150

(Limited opportunity)

- Your company logo on the Advocacy Day Program
- Verbal sponsorship recognition during each session
- Your company logo on signage at break area
- Your marketing material and/or business cards placed in break area

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## Registration Form

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(Due November 30, 2008)

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SPONSOR LEVEL: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

### Payment Options:

- Check enclosed (Please make payable to Nebraska Hospital Association)
- Bill us (Due within 30 days)
- Credit Card:  MasterCard  VISA

CC# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_

Name on Card/Company: \_\_\_\_\_

Signature: \_\_\_\_\_

For more information, please contact Kelley Porter, NHA Director of Communication at 402/742-8151 or [kporter@nhanet.org](mailto:kporter@nhanet.org). Mail checks to: Nebraska Hospital Association, 3255 Salt Creek Circle, Suite 100, Lincoln, NE 68504 or FAX registration form to 402/742-8191. Thank you for your support.