

# Sponsor Application (PAYMENT BY CHECK)

## Texas Hospital Association • 2010 Leadership Conference

<b>MAKE PAYMENT TO:</b> Texas Hospital Association Please complete and mail <b>form</b> and <b>check</b> to: Texas Hospital Association P.O. Box 970121, Dallas, TX 75397	Accounting Use Only Seminar #: 01-00-1305-22-0103 Check # _____ Amount \$ _____
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**COMPANY INFORMATION** \* *Required fields*  
Type in fields provided or print form to fill out, please write clearly.

**NOTE:** If you previously submitted this form, but would like to make updates or changes to your application, please e-mail [opportunities@tha.org](mailto:opportunities@tha.org).

\* **Company Name:** \_\_\_\_\_  
(EXACTLY as you wish it to appear in conference printed materials)

\* **Address:** \_\_\_\_\_ \* **City:** \_\_\_\_\_

\* **State:** \_\_\_\_\_ \* **ZIP:** \_\_\_\_\_ \* **Main Phone:** \_\_\_\_\_

**Web Site:** **WWW.** \_\_\_\_\_

\* Is your company THA Endorsed?  Yes  No

\* Is your company a THA Corporate Member?  Yes  No

Artwork, contract and payment due by **Jan. 5** to be listed in on-site materials.

### CONTACT INFORMATION

\* **Contact Name:** \_\_\_\_\_

\* **Title:** \_\_\_\_\_

\* **Phone:** \_\_\_\_\_

\* **Fax:** \_\_\_\_\_

\* **E-mail:** \_\_\_\_\_

### SPONSOR OPTIONS

**Note:** Selection does not guarantee availability. Sponsor levels are limited and are offered on a first-come, first-served basis; full payment is required to reserve a selected level.

\* **Select sponsor level:**

- SOLD** Diamond (\$20,000)
- SOLD** Emerald (\$10,000)
- SOLD** Ruby (\$5,000)
- SOLD** Sapphire (\$3,000)

Arbor Area (\$5,000)  
*THA Endorsed Companies only*

- Friend of THA (\$1,500)
- Architect (\$1,500)

\* **Select add-ons:**

- SOLD** Bottled Water (\$5,000)
- SOLD** Hotel Room Key Cards (\$5,000)
- SOLD** Photography Studio (\$5,000)
- SOLD** Pens (\$3,000)

### PAYMENT

Full payment is **required** to reserve a selected level.

#### Summary of selections

\* Sponsor level amount: \$ \_\_\_\_\_

\* Total add-on amount: \$ \_\_\_\_\_

\* **Total amount due:** \$ \_\_\_\_\_