



Photo by Andrea Zucker

10th Annual Mid-South CAH

Critical Access Hospital

Conference Sponsorship Opportunities

August 22-24, 2012

***Memphis Marriott Downtown
250 North Main Street
Memphis, TN***

The Mid South Critical Access Hospitals would like to invite you to join us in Memphis, Tennessee for the 10th Annual Mid South Critical Access Hospital Conference.

Attendees will include Critical Access Hospital leadership from Alabama, Arkansas, Kentucky, Louisiana, Mississippi and Tennessee.

Below are the levels of Sponsorships that are available.

\$750 Level (1 Available)

- Tabletop Exhibit
- 1 Complimentary Registration
- Acknowledgement at Opening Session
- Prominent Signage
- Recognition in Conference Materials

\$2,000 Level (1 Available)

- Reception Sponsorship Thursday
- Tabletop Exhibit
- 3 Complimentary Registrations
- Acknowledgement at Opening Session
- Prominent Signage
- Recognition in Conference Materials

\$1,500 Level (1 Available)

- Break or Continental Breakfast Sponsorship
- Tabletop Exhibit
- 2 Complimentary Registrations
- Acknowledgement at Opening Session
- Prominent Signage
- Recognition in Conference Materials

\$2,500 Level (2 Available)

- Lunch Sponsor
- Tabletop Exhibit
- 3 Complimentary Registrations
- Acknowledgement at Opening Session
- Prominent Signage
- Recognition in Conference Materials

Please note: If an additional representative from your company plans to attend, there is a \$50 registration fee if not covered under the complimentary registration listed under the sponsorship levels.

**10th Annual CAH Conference
Sponsor Registration
August 22-24, 2012**

Company _____

Billing Address _____

City, State, Zip _____

Contact Person* _____

Phone _____ E-mail _____

*** Contact person will receive future mailings/e-mailings regarding this meeting.**

Sponsorship Levels *(Please choose one)*

- ☐ \$750 Level **(1 Available)**
- ☐ \$1,500 Level **(1 Available)**
- ☐ \$2,000 Level **(1 Available)**
- ☐ \$2,500 Level **(2 Available)**

Additional Representatives \$50 x Quantity _____ Total: \$ _____

Name and Title: _____

Name and Title: _____

Name and Title: _____

Payment Information:

Check in the amount of \$ _____ payable to the Arkansas Hospital Association is enclosed.

Credit Card Information: ☐ Visa ☐ MasterCard ***AmEx and Discover Not Accepted.***

Credit Card # _____ Expiration Date _____

Cardholder's Billing Address (including zip code) _____

Name on card _____ Phone # _____

Signature _____

Return form to:

Lyndsey Dumas, Arkansas Hospital Association, 419 Natural Resources Drive, Little Rock, AR
72205, Telephone 501-224-7878, Fax 501-224-0519, E-mail ldumas@arkhospitals.org

Refunds/Cancellations: If written notice of cancellation is received by the Association prior to August 15, 2012, a full refund less a \$50 administrative fee will be made. If space is cancelled on or after August 15, no refunds will be made and the outstanding balance will be due the Association.