



PO BOX 593
DAYTON, OH 45409

HLAMV MEETING SPONSORSHIP APPLICATION

Company Name: _____

Product/Service: _____

Website: _____

Mailing Address for Invoice: _____

Representative Names:

1. _____

E-Mail: _____ Phone: _____

2: _____

E-Mail: _____ Phone: _____

Meeting Date to Sponsor: _____

***Please submit your company logo via email to
rbaird@nctacancer.com***

Thank you for your interest in supporting a Healthcare Leaders Association of the Miami Valley membership meeting. Your sponsorship entitles you to the following:

- Display Table set up 30 minutes prior to meeting
- Distribution of company literature at the meeting
- Opportunity to provide one educational article to be distributed to all members via email
- 5-10 minutes to address group at membership meeting
- Attendance and meal for 2 company representatives at sponsored meeting
- Listing on our website as a meeting sponsor

Sponsorship fee is \$350.

*This is due prior to the date of the meeting.
Please make checks out to HLAMV, and mail to the PO Box above.*