



# Illinois Nursing Home Administrator's Association

## 2010 Sponsorship Opportunities

**You are invited to expand your industry leads by  
reaching new customers through these  
upcoming conferences!**

### INHA Conference Sponsorship Dates:

<b>Date &amp; Location</b>	<b>Sponsorship Opportunity</b>	<b>Sponsorship Selections</b>
March 17-18, 2010 East Peoria	Continental Breakfast (17 <sup>th</sup> and 18 <sup>th</sup> ) Lunch 17 <sup>th</sup>	\$400.00 each _____ \$650.00 _____
June 9-10, 2010 East Peoria	Continental Breakfast (9 <sup>th</sup> and 10 <sup>th</sup> ) Lunch 9 <sup>th</sup>	\$400.00 each _____ \$650.00 _____
August 11-12, 2010 Bloomington	Continental Breakfast (11 <sup>th</sup> and 12 <sup>th</sup> ) Lunch 11 <sup>th</sup>	\$400.00 each _____ \$650.00 _____

**As a sponsor, you will receive:**

**Printed recognition on the conference program agenda.**

**Signage/banner rights.**

**Continued:**

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**Draped display table.**

**Public recognition at opening and closing sessions.**

**Attendance roster.**

**Free conference registration for one or two persons.**

**If your company is interested in a Conference Sponsorship, please check your selected preference above, complete the form below and return it to INHAA. Thank you for your interest and support!**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Contact Name \_\_\_\_\_

\_\_\_My check (made payable to INHAA) is enclosed.

\_\_\_My check will be mailed by \_\_\_\_\_

Credit Card Payment: \_\_\_ Master Card \_\_\_ Visa

Total Amount to be charged \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**INHAA FEIN # 37-1219674**

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