

MO-ACHE Sponsor Application

Date: _____

Company Name: _____

Company Address: _____

City/State/Zip: _____

Representative Name: _____

Title: _____

Phone: _____ Email: _____

Sponsorship Level(s):

_____ Bronze (\$1,500) _____ Silver (\$3,000) _____ Gold (\$5,000)

Sponsor Logo Recognition – Approval

To ensure consistent and accurate language acknowledging your company's sponsorship of the Missouri Chapter of ACHE, we ask that you provide us with your company's name, description, and logo. After obtaining these items, we will use the material you provide in the promotion of all upcoming events that you have agreed to sponsor; individual instances of use will not be routed for your approval.

Company Name: _____

(As you would like it to appear in print (including appropriate capitalization and punctuation.)

Web Address of Company: _____

Full company description that contains no more than 200 words. This description will only be used in publications such as brochures and event programs. _____

Sponsor Signature of Approval

Name (printed): _____ Title: _____

Signature: _____ Date: _____

MO-ACHE Staff Contact: Pam Dykstra, 573/893-3700, or pdykstra@mhanet.com.

Mail completed sponsorship application, logo, and payment to the following address:

Missouri Chapter of the American College of Healthcare Executives
Attention: MO-ACHE
Missouri Hospital Association, 4712 Country Club Drive, Jefferson City, MO 65109