

NEVADA HEALTH CARE ASSOCIATION

ANNUAL MEETING & CONFERENCE
AUGUST 24, 25, 26, 2008

YES!!!

I want to show my support for the Nevada Health Care Association Annual Conference and Vendor Show by sponsoring an Event and/or Booth. (Selection can be made from the attached sheet.)

() **EVENT** TO BE SPONSORED: _____ COST: _____

() **BOOTH** SPONSORSHIP: _____ COST: \$400.00

() **SPEAKER** SPONSORSHIP _____

Name of Company/Organization: _____

Representative: _____ Contact: _____

Address: _____ City/State/Zip: _____

Phone: _____ E-Mail: _____

Fax: _____

Please accept this form as an official contract and agreement for our company to sponsor the above listed selection for the 2008 NHCA Annual Conference. In return for sponsoring this event at the cost listed above, it is my understanding that my company name will receive recognition on the Conference Brochure (Event sponsorship), program book and signage, along with an invitation to the Monday evening Employee Recognition Dinner for one. Additional dinner will be invoiced at \$45.00

I also understand and agree that full payment is due in the NHCA Office not later than JUNE 10TH, 2008.

Signed: _____ Title: _____

Date: _____

Thank you for your support.

Return the completed and signed contract by fax or to the address listed below by June 15th. Also, please call, e-mail and/or fax to advise us of your participation. You will be invoiced for your selection by June 20, 2008.

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