



MAHP 2018 Annual Conference

Thursday, November 15, 2018: 7:30 a.m. - 2:30 p.m., Seaport Hotel, Boston

Coverage, Cost and Innovation - Health Care Challenges for 2018 and Beyond

Confirmation of Sponsorship

Company/Organization: _____

Main Contact: _____

Names of Company Reps Attending: _____

Address: _____

City: _____ State and Zip: _____

Phone: _____ Email Address (main contact): _____

Sponsorship Level

Presenting - \$20,000

☐

Platinum - \$15,500

☐

Gold - \$10,500

☐

Silver - \$5,000

☐

Bronze - \$3,500

☐

VIP Pre-Event Dinner Tickets _____

(\$500 ea)

Total Due: _____

Payment Method

Please Invoice* _____ Check Enclosed: _____ Visa:* _____ Mastercard:* _____ Amex:* _____

Card Number: _____ Exp Date: _____

Total Amount to be Paid: _____

Name on credit card: _____

Billing Address (inc. zip): _____

Signature: _____

How did you hear about this event? (check all that apply)

☐

MAHP e-mail announcing event

☐

Another company's email

☐

MAHP newsletter

☐

Referred by colleague/friend

☐

Searched the web

☐

Other _____

Your signature below confirms your intent to sponsor and responsibility for monies associated with the selected sponsorship level.

Signature

Date

(Please print, sign and submit the original signed copy of this application along with payment.)

Thank you!

If you have any questions, please contact Ann Chamberlin LaBelle at chamberlin@mahp.com or 617.338.2244 x 112

Please note: No refunds will be issued after October 1, 2018.

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