

Corporate Sponsor & Exhibitor Form



August 8 & 9, 2019
London Community Center

This year we are offering the following levels of sponsorship:

Corporate Sponsor (\$1,000)

- Signage prominently displayed during the meal
 - Signage prominently displayed at the conference – via signboards, and PPT slides shown throughout the conference.
 - Opportunity to welcome participants or introduce a speaker
 - Up to 4 complimentary conference registrations
 - Up to 2 exhibitor booths
 - 4 Social Media recognitions of sponsorship
- Company Logo 100 dpi should be sent to ajones@soahec.org

Platinum Sponsor (\$500)

- Signage prominently displayed at the conference – via signboards, and PPT slides shown throughout the conference.
 - Opportunity to welcome participants or introduce a speaker
 - Up to 2 complimentary conference registrations
 - Up to 2 exhibitor booths
 - 3 Social Media recognition of sponsorship
- Company Logo 100 dpi should be sent to ajones@soahec.org

Gold Sponsor (\$250)

- Signage prominently displayed at the conference via signboards
 - Up to 2 complimentary conference registrations
 - Up to 2 exhibitor booths
 - 2 Social Media recognition of sponsorship
- Company Logo 100 dpi should be sent to ajones@soahec.org

Bronze Sponsor (\$150)

- Signage prominently displayed at the conference via signboards
 - 1 complimentary registration
 - 1 exhibitor booth
 - 1 Social Media recognition of sponsorship
- Company Logo 100 dpi should be sent to ajones@soahec.org

Silver Sponsor (\$100)

- Signage displayed at the conference via signboards
 - 1 complimentary registration
 - 1 exhibitor booth
- Company Logo 100 dpi should be sent to ajones@soahec.org

Exhibitor Table Sponsor (\$75) Each

- 1 exhibitor table
- 1 complimentary registration

Booth Includes: 1 six-foot table, 2 chairs and electricity (if required)

**You can register online and pay or fill out this form and mail payment.
For online registrations with multiple registrations please call 606-864-1432.**

Level of sponsorship:

Corporate Sponsor Platinum Gold Bronze Silver Exhibitor Only

Organization Name: _____

Rep Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

SS#(nursing only): xxx-xx-____ LIC# _____ AARC# _____ Phone #:(____) _____

Check#(enclosed) _____ Paid: _____ Days Attending: Both Days Thursday Only Friday Only

Credit Needed: Physician PA Radiology NHA EMT Nursing Dietitian
 Respiratory Dentistry Pharmacy Nurse Practitioner No Credit Needed CHES
 Sonographer PT

Complimentary conference registration (copy page as needed)

Rep Name: _____ Email: _____

SS#(nursing only): xxx-xx-____ LIC# _____ AARC# _____ Phone #:(____) _____

Check#(enclosed) _____ Paid: _____ Days Attending: Both Days Thursday Only Friday Only

Credit Needed: Physician PA Radiology NHA EMT Nursing Dietitian
 Respiratory Dentistry Pharmacy Nurse Practitioner No Credit Needed CHES
 Sonographer PT

Phone number: _____

TOTAL AMOUNT ENCLOSED: _____

*Mail registration form and check to: Southern KY AHEC ~ PO BOX 1770 ~ Mt. Vernon, KY 40456
Registration forms WITHOUT payments will NOT be accepted.*