

Texas Association for Healthcare Quality

P.O. Box 380708
San Antonio, TX 78238

Donor Interest Form

Organization: _____

Service or Product: _____

Contact: _____ Title: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Please check all that apply:

___ **State Gold Medal Sponsor:** Enclosed is our check for \$2500.00 for one full page ad in the TAHQ Newsletter (four issues per year), recognition at all three state-level events, free Annual Conference registration for two employees, and a free vendor table at our Annual Conference and Membership Meeting in Dallas.

___ **State Silver Medal Sponsor:** Enclosed is our check for \$1000 for one half page ad in the TAHQ Newsletter (four issues per year), recognition at all three state-level events, free registration for one employee, and a 25% discount on a vendor table at our Annual Conference and Membership Meeting in Dallas.

___ **State Bronze Medal Sponsor:** Enclosed is our check for \$500 for one quarter page ad in the TAHQ Newsletter (four issues per year), and recognition at all three state-level events.

___ **Exhibitor:** Enclosed is our check for \$500.00 for one 6 foot skirted table, 2 chairs, meal functions, and educational sessions for one representative. Set up is Wednesday, October 27th beginning at 7:00 PM and teardown is at 3:00 PM on Friday, October 29th. Please note that your exhibit cannot be secured. (If you will need electric, telephone line access, audio-visual equipment, or other supplies, please let us know and we will provide hotel contact. These items will incur additional charges.) Name of Representative _____:

Extra badges and meal tickets will be needed for: (add \$50 per rep) _____

Event Sponsorship Opportunities

___ Coffee break - \$250. A placard with the sponsoring organization(s) is displayed

___ Continental breakfast - \$375. A placard w/ sponsoring organization(s) is displayed

___ Luncheon, or President's Reception - starting at \$500. A placard with the co-sponsoring organization(s) is displayed, special recognition at sponsored event and opportunity to address attendees.

Other Sponsorship

*** Sponsor a speaker - @ \$200 and up. A placard with the sponsoring organization is displayed.

___ Provide hand-outs/gifts for each registrant w/o exhibiting or sponsoring (150+)

___ Item for raffle (donation to HCQ educational fund) prefer minimum \$50 value

___ Subsidize the Conference Handouts for special recognition

Advertising your logo in our Conference Brochure or on the TAHQ Website



\$50 per logo

Ads must be black & white camera ready.

The exhibitor agrees to release and hold harmless the Texas Association for Healthcare Quality, and their officers, representatives, agents and directors from all liability whatsoever for any loss, damage, or injury resulting directly or indirectly from any cause whatsoever in connection with the TAHQ Conference and execution of this Agreement.

Date: _____ Authorized Signature: _____

Title: _____

Send Remittance To: Texas Association for Healthcare Quality
P.O. Box 380708
San Antonio, TX 78238

Make Checks Payable to: Texas Association of Healthcare Quality (TAHQ) Tax ID 42-1537244

Enter total check amount \$ _____

**IF PAYING BY CREDIT CARD, MAIL APPLICATION TO ADDRESS LISTED ABOVE WITH
CREDIT CARD INFORMATION OR FAX TO 979-703-8235**

Amount: \$ _____ Circle One: Visa MasterCard Am. Express

Card Number: _____

Card Expires: _____/_____

Print card holder's name as it appears on the card:

Signature: _____