



Texas Association for Healthcare Quality

P.O. Box 380708
San Antonio, TX 78238

Sponsorship Application, 2011

Organization: _____

Service or Product: _____

Contact: _____ Title: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Please check all that apply:

___ **Quality Leader:** Enclosed is our check for \$3,000 for one full page ad in the TAHQ Newsletter (four issues per year), recognition at all three state-level events, complimentary Annual Conference registration for two employees, complimentary Annual Membership for two employees, and a complimentary vendor table at our Annual Conference and Membership Meeting in Houston.

___ **Quality Partner:** Enclosed is our check for \$2,000 for one half page ad in the TAHQ Newsletter (four issues per year), recognition at all three state-level events, complimentary Annual Conference registration for one employee, complimentary Annual Membership for one employee, and a 50% discount on a vendor table at our Annual Conference and Membership Meeting in Houston.

___ **Quality Associate:** Enclosed is our check for \$1,000 for one quarter page ad in the TAHQ Newsletter (four issues per year), recognition at all three state-level events, complimentary Annual Conference registration for one employee, complimentary Annual Membership for one employee, and a 50% discount on a vendor table at our Annual Conference and Membership Meeting in Houston.

___ **Exhibitor:** Enclosed is our check for \$500.00 for one 6 foot skirted table, 2 chairs, meal functions, and educational sessions for one representative. More specific set-up and take-down instructions will be given upon application acceptance. 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 may 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 SCAN TO INFO@TXQUALITY.ORG

Amount: \$ _____ Circle One: Visa MasterCard Discover

Card Number: _____

Card Expires: _____/_____

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

Signature: _____