



NBCH 15th Annual Conference 2010 Sponsorship Agreement

2010 Sponsorship Levels	
\$35,000	Benefactor
\$25,000	Sponsor
\$15,000	Contributor
\$5,000	Friend

Yes, my company would like to sponsor the following:

- \$35,000 Benefactor
- \$25,000 Sponsor
- \$15,000 Contributor
- \$5,000 Friend

Grant Restriction: Yes No

Specify: _____

Company Name _____

Contact Name _____

Title _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____ Fax _____

Signature _____ Date _____

Please email corporate logo to mcornejo@nbch.org.

All files must be saved as EPS. EPS format files provide superior reproduction quality allowing images to be resized with no loss of sharpness or detail. If an EPS file is not available, a high resolution (300 dpi or high) file is required.

For sponsorship information, please contact Susan Dorsey at (202) 775 – 9300 ext. 21 or sdorsey@nbch.org

Please complete and mail this agreement to:
NBCH
Attn: Sponsorship
1015 18th Street, NW, Suite 730
Washington, DC 20036

Please make all checks payable to:
National Business Coalition on Health.
(Payment is due 60 days prior to meeting)
NBCH Tax ID #: 65-0328971