



Woodstock Inn & Resort
14 The Green, Woodstock, Vermont
www.woodstockinn.com

Sponsorship/Exhibitor Agreement

___ YES, I/my Company would like participate in the 2018 NEAHP Conference as:

- | | |
|--|---|
| ___ "SOLD for 2018" Signature Sponsor | \$ 5,000 (Two Company Representatives) – Limited to 1 |
| ___ Gold Sponsor | \$ 2,500 (Two Company Representatives) – 3 remaining |
| ___ Silver Sponsor | \$ 1,500 (Two Company Representatives) |
| ___ Exhibitor | \$ 650 (One Company Representative) |

Company Name: _____

Primary Contact: _____ Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Website: (for promotional purposes) _____

Please sign below to indicate you understand the benefits and policies outlined in the Prospectus and this agreement.

Authorizing Signature: * _____

(1) Name to appear on badge: _____ Title: _____

(2) Name to appear on badge: _____ Title: _____

- Please include certifications (e.g. CFRE)
- Please add \$100 charge for each additional company representative
- Please list additional names/titles here: _____
- Please see attached document for Sponsorship and Exhibitor benefits.

Representatives are entitled to all regular meals. Please place the initials of each representative next to the meal they plan to attend:

	Sunday	#	Monday	#	Tuesday	#
Dinner	_____	_____	Breakfast	_____	Breakfast	_____
			Lunch	_____	Lunch	_____

Total Due: \$ _____ **Payment Method:** Check American Express Master Card Visa

Please make checks payable to "New England Association for Healthcare Philanthropy".

Name on Credit Card: _____

Credit Card #: _____ Exp. Date: _____ CVV#: _____

Billing Address: _____

Please return your signed original agreement, along with payment, to:
Beth Battson
New England Association for Healthcare Philanthropy
465 Waverley Oaks Road
Suite 421
Waltham, MA 02452

SIGNATURE & GOLD SPONSORS ONLY:
We will contact you for the conference track you would like to sponsor once educational programming has developed the final program selections.

NEAHP CONFERENCE QUESTIONS?

Phone (781) 205-9400
Fax (781) 647-7222
E-mail info@neahp.org
Web www.neahp.org

NEAHP Conference Sponsors and Exhibitor Cancellation Policy: Sponsors and exhibitors who cancel on or before December 22, 2017 will receive a full refund for any amounts paid. Cancellations received after December 22, 2017 and up to January 30, 2018 will receive up to a 75% refund of the amount paid and will be responsible to pay 25% of the sponsorship amount originally due. No refunds will be made, and the full amount will be due and payable, for any cancellations after January 30, 2018. Cancellations must be made in writing to info@neahp.org.

PLEASE NOTE

- See supporting document for [Sponsorship and Exhibitor benefits](#).
- Your participation in the NEAHP 2018 Annual Educational Conference, as a sponsor or exhibitor, cannot be acknowledged without receipt of your [signed application form or online form submission](#).
- Your [logo and advertising materials](#) must be received by **December 8, 2017**, for inclusion in the Conference registration brochure, on event signage/placards and on the NEAHP website. It is the responsibility of the sponsor to submit a logo in a jpg or gif file format. Please send electronic logos to:
 - NEAHP Office, info@neahp.org
- In-kind [promotional items](#) to be donated for inclusion in the Conference tote bags must be received by **February 28, 2018**. Sample items include:
 - Attendee Lanyards
 - Raffle Prizes
 - Conference Gifts
 - Signage/Welcome Banners
 - Pads of Paper & Pens
 - Volunteer Recognition Gifts

Organizations donating these products should contact the NEAHP Sponsorship Committee at info@neahp.org and ship the items according to the instructions below.

SHIPPING & RECEIVING INSTRUCTIONS

Packages being shipped to the conference must be sent to:

Woodstock Inn & Resort
NEAHP – March 4-6, 2018
Conference and Events Manager
14 The Green
Woodstock, VT 05091