



# Illinois Nursing Home Administrators Association

## 2021 Refreshment and Exclusive Sponsorship Opportunities!

November 10-11, 2021, INHAA Annual Convention & Trade Show, Embassy Suites, East Peoria Illinois

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>SOLD</b> November 10 Breakfast \$1000   | <input type="checkbox"/> November 10 Social Hour/Reception (ACTUAL COST) | <input checked="" type="checkbox"/> <b>SOLD</b> Name Badge Holder Sponsor \$1000 |
| <input type="checkbox"/> November 10 (2) Beverage Breaks \$500 each | <input type="checkbox"/> November 11 Breakfast \$1000                    | <input checked="" type="checkbox"/> <b>SOLD</b> Lanyard Sponsor \$1000           |
| <input type="checkbox"/> November 10 Lunch \$1250                   | <input type="checkbox"/> November 11 (2) Beverage Breaks \$500 each      | <input type="checkbox"/> <b>NEW OPTION</b> Convention Tote Bag Sponsor \$1000    |
| <input type="checkbox"/> Keynote Session Sponsor \$1000             | <input checked="" type="checkbox"/> <b>SOLD</b> November 11 lunch \$1250 | <input type="checkbox"/> <b>NEW OPTION</b> Bag Stuffers \$500                    |
| <input type="checkbox"/> Education Session Sponsor \$1000           |  |  |

*As an Exclusive Sponsor for the November Convention, you will receive: Printed recognition in conference program; Signage/banner rights at sponsored event; Attendance roster; Free conference educational registration for one or two staff people. If you're interested in exhibiting at the November convention, please refer to the exhibit contract. Please note: If you have more than 2 company representatives attending, those additional reps will need to register and pay the conference registration fee of \$175 per person.*

### 2021 EXCLUSIVE SPONSORSHIP OPPORTUNITIES REGISTRATION FORM

Please indicate with a check next to the sponsorship category above. complete the following information and return to INHAA with your payment. **Payment for all exclusive sponsorships must accompany your registration form.** Thank you for your interest and support of INHAA!

**Company Name** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

- My check (made payable to INHAA) is enclosed.  
 My check will be mailed.  
 Credit Card Payment  
 Master Card  Visa (sorry we do not accept AMEX or Discover)

**Total amount to be charged to credit card:** \_\_\_\_\_ **Credit Card #** \_\_\_\_\_

**Exp. Date** \_\_\_\_\_ **Print Cardholder Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

INHAA FEIN #37-1219674 **Cancellations are non-refundable. Once the Sponsor fee has been paid – no refunds will be available.**  
 Mail to: Vicki Wiltsie, INHAA, PO Box 272, Rochester, IL 62563, Phone 708-800-6161, Fax 708-248-8078, Email [vwiltsie@inhaa.org](mailto:vwiltsie@inhaa.org).  
 Website [www.inhaa.org](http://www.inhaa.org)