

ILLINOIS ASSOCIATION OF MEDICAID HEALTH PLANS

IAMHP ANNUAL CONFERENCE**NOVEMBER 8-9, 2018 • CROWNE PLAZA O'HARE****EVENT SPONSORSHIPS**

Platinum (# Available: 1)	\$7,500	<ul style="list-style-type: none"> • Four (4) Conference passes • One (1) Session Track Presenter slot • Company representative to speak general session speaker • Company logo on all registrant name badges • Verbal recognition during the event • One (1) 6" Table exhibit • Logo recognition as Platinum Sponsor on event collateral/signage • Opportunity to distribute company collateral
Silver	\$5,000	<ul style="list-style-type: none"> • Three (3) Conference passes • One (1) Session Track Presenter slot • Company representative to introduce general session speaker • Verbal recognition during the event • One (1) 6" Table exhibit • Logo recognition as Silver Sponsor on event collateral/signage • Opportunity to distribute company collateral
Bronze	\$3,000	<ul style="list-style-type: none"> • Two (2) Conference passes • Company representative introduce general session speaker • Verbal recognition during the event • One (1) 6" Table exhibit • Company name recognition as Bronze Sponsor on event collateral/signage • Opportunity to distribute company collateral
Evening Reception (# Available: 1)	\$2,000	<ul style="list-style-type: none"> • Two (2) Conference passes • Logo recognition/signage at the Evening Reception • Branded email invitation for Evening Reception only • Company name recognition on all event collateral • Opportunity to distribute company collateral

Sponsorship are on a first come, first serve basis. Limited number of sponsorships available.
 Sponsor benefits are subject to change based on availability. For more information contact support@iamhpteam.org

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Beverage Sponsor	\$1,500	<ul style="list-style-type: none"> • Two (2) Conference passes • On-site signage at all coffee/water stations • Company name recognition in all event collateral
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Program Booklet	\$1,500	<ul style="list-style-type: none"> • Two (2) Conference passes • Acknowledgment as sponsor on the cover of Program Booklet • Opportunity to distribute company collateral
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Snack Sponsor	\$1,000	<ul style="list-style-type: none"> • Two (2) Conference passes • On-site signage at snack stations • Company name recognition in all event collateral
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Meal Sponsor	\$1,000	• SOLD OUT
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BUSINESS VENDOR SPONSORSHIPS

Table Exhibit	\$750	<ul style="list-style-type: none"> • One (1) Conference pass • One (1) 6" Table exhibit
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Tote bags	\$750	• SOLD
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Company Listing	\$500	<ul style="list-style-type: none"> • One (1) Conference pass • Company name recognition in Program Booklet • Opportunity to distribute company collateral
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IAMHP ANNUAL CONFERENCE**NOVEMBER 8-9, 2018 • CROWNE PLAZA O'HARE****SPONSORSHIP DEADLINE: OCTOBER 18, 2018**

COMPANY NAME: _____
(Please list name above as it should appear on all event materials)

COMPANY CONTACT: _____

EMAIL: _____ **PHONE:** _____

ADDRESS: _____

SPONSORSHIP LEVELS

- | | | |
|---|--|---|
| <input type="checkbox"/> \$7,500 Platinum | <input type="checkbox"/> \$2,000 Evening Reception | <input type="checkbox"/> \$1,000 Snack Sponsor |
| <input type="checkbox"/> \$5,000 Silver | <input type="checkbox"/> \$1,500 Beverage Sponsor | <input type="checkbox"/> \$750 Table Exhibit |
| <input type="checkbox"/> \$3,000 Bronze | <input type="checkbox"/> \$1,500 Program Booklet | <input type="checkbox"/> \$500 Company Listing* |

PAYMENT OPTIONS

Check in the amount of: _____

(Made payable to: Illinois Association of Medicaid Health Plans or IAMHP)

Credit Card

_____ Visa

_____ MasterCard

_____ American Express

CARD # _____ **EXP. DATE** _____ **CSC** _____

NAME ON CREDIT CARD: _____

BILLING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Email completed forms to support@iamhpteam.org

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FOR COMPANY LISTING SPONSORS ONLY

Your company listing will be printed in the IAMHP conference program book. Please include the information as you want it displayed.

BUSINESS NAME: _____

SERVICES PROVIDED: _____

COMPANY WEBSITE: _____

CONTACT NAME: _____

PHONE #: _____

EMAIL: _____