



Sponsorship Opportunities

National Association of Health Underwriters
Region 6 Leadership Conference
Little Rock, Arkansas

PREMIER LEVEL

\$2500

Benefits

- Exhibitor table for both days of the conference
- 1 full page advertisement in the conference program
- 15 minute oral presentation to conference attendees
- Recognition as a meal sponsor
- 4 paid registration fees to attend both days of the conference
- Primary recognition in all communications about the conference
- Electronic listing of all conference attendees

PARTNER LEVEL

\$1000

Benefits:

- Exhibitor table for both days of the conference
- ½ page advertisement in the conference program
- 10 minute oral presentation to conference attendees
- Recognition as a break sponsor
- 2 paid registration fees to attend both days of the conference
- Recognition in all communications about the conference
- Electronic listing of all conference attendees

EXHIBITOR

\$500

Benefits:

- Exhibitor table for both days of the conference
- Recognition in the conference program
- 2 paid registration fees to attend both days of the conference
- Electronic listing of all conference attendees

PROGRAM ADVERTISING RATES

The Conference Program will not only contain the agenda and conference information, but will also serve as a directory of attendees. Attendees will use this directory year-round for contact information!

Full Page (8*10.5):	\$500
Inside Cover/ Inside Rear (8*10.5):	\$600
Half Page (8*5):	\$275
Quarter Page (3.75*5):	\$150

The program in its finished form will be 8.5 x 11 with a 4 color 100# coated gloss cover. The inside pages will be a 60# offset text weight in black & white. Resolution: 300 dpi/ Line Screen: 133 Acceptable formats are JPEG, TIF, EPS & High Resolution PDF.

Contact Julie Roltsch at (501) 847-0105 for more information.



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Region 6 Leadership Conference
Little Rock, Arkansas

Fax completed form to (501) 954-8452 to reserve your spot.

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

Title: _____

Email: _____

Choose your Participation Level:

Premier Sponsor \$2500

Partner \$1000

Exhibitor \$500

Advertising: • Inside Front/Rear Cover \$600 • Full page \$500
• Half- Page \$275 • Quarter Page \$150

Payment By:

Check (Made payable to NAHU)

Credit Card

Circle Type: Visa MasterCard American Express Discover

Card#: _____ Expiration: _____

Cardholder's Signature: _____

This is to confirm my company's commitment to participate in the NAHU Region VI Leadership Conference in Little Rock, AR. I confirm that I am an authorized authority for my company. I agree to submit payment in full to NAHU by deadline.

Signed: _____ Date: _____

Name: _____

Title: _____

Return completed form to:

Central Arkansas Association of Health Underwriters
PO Box 56166 Little Rock, AR 72215
or fax to (501) 952-8452.

Please forward registration as soon as possible to reserve your spot & follow with payment no later than July 1, 2006. Contact Mike Castleberry at (501) 847-0105 or roltsch@sbcglobal.net for more information.