



2012 CORPORATE SPONSORSHIP PROGRAM

Corporate Membership Benefits by Level

A UHA corporate sponsorship provides your organization with the opportunity to demonstrate your commitment to the healthcare field while increasing your exposure to Utah's hospitals and health systems. UHA offers three levels of support for consideration:

Gold Sponsor—\$4,000

- Member marketing opportunities at UHA's **two** member educational meetings—the UHA Annual Meeting and Fall Leadership Conference. Includes 8' booth for corporate display, listing in program brochure and on-site signage.
- Listing under *Corporate Sponsor* section in the UHA webpage and membership directory, with a link to the sponsor's home page.
- Subscription to *Newsbyte* monthly e-newsletter.
- Subscription to E Clips, UHA's twice weekly electronic health news clipping service.
- Free of copies of UHA's ad hoc data reports.
- Recognition plaque

Silver Sponsor—\$2,000

- Member marketing opportunities at **one** of UHA's two member educational meetings—the UHA Annual Meeting and Fall Leadership Conference. Includes 8' booth for corporate display, listing in program brochure and on-site signage.
- Listing under *Corporate Sponsor* section in the UHA webpage and membership directory, with a link to the sponsor's home page.
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- Subscription to E Clips, UHA's twice weekly electronic health news clipping service.
- Free of copies of UHA's ad hoc data reports .
- Recognition plaque

Bronze Sponsor—\$750

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Corporate Sponsor Commitment Form

YES, I want to support UHA by committing to the 2012 Corporate Sponsor Program at the level indicated below:

- _____ Gold member at \$4,000
- _____ Silver member at \$2,000
- _____ Bronze member at \$750

Contact Information

Sponsor Company Name _____

Contact Person & Title _____

Address _____

City, State, Zip _____

Phone _____ Fax _____ Email _____

Payment Information

- Pay by check. Please make payable to UHA.
- Pay by credit card: Visa MasterCard American Express Discover

Credit Card # _____

Expiration Date _____

Name on Card _____

Authorized Signature _____

Send completed form by Wednesday, February 29, 2012 to:

Mail: Jill Vicory
 Utah Hospital Association
 2180 S. 1300 East, Suite 440
 Salt Lake City, UT 84106

Fax: 801-486-0882
Email: jill@UtahHospitals.org
Phone: 801-486-9915