



MAHP 2019 Annual Conference

Friday, November 22, 2019: 7:30 a.m. - 3:00 p.m., Seaport Hotel, Boston

***Health Care Policy: Coverage, Cost Containment and Quality Improvement
for Today and Beyond***

Confirmation of Sponsorship

Company/Organization: _____

Main Contact: _____

Names of Company Reps Attending: _____

Address: _____

City: _____ State and Zip: _____

Phone: _____ Email Address (main contact): _____

Sponsorship Level

Presenting - \$25,000

Platinum - \$20,000

Gold - \$12,000

Silver - \$6,000

Bronze - \$4,000

**VIP Pre-Event Dinner Tickets _____
(\$500 ea)**

Total Due: _____

Payment Method

Please Invoice* _____ Check Enclosed: _____ Visa:* _____ Mastercard:* _____ Amex:* _____

Card Number: _____ Exp Date: _____

Total Amount to be Paid: _____

Name on credit card: _____

Billing Address (inc. zip): _____

Signature: _____

How did you hear about this event? (check all that apply)

MAHP e-mail announcing event

Another company's email

MAHP newsletter

Referred by colleague/friend

Searched the web

Other _____

Your signature below confirms your intent to sponsor and responsibility for monies associated with the selected sponsorship level.

Signature

Date

(Please print, sign and submit the original signed copy of this application along with payment.)

Thank you!

If you have any questions, please contact Ann Chamberlin LaBelle at chamberlin@mahp.com or 617.338.2244 x 112

Please note: No refunds will be issued after October 1, 2019.

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