 **SPONSOR APPLICATION**

Dear Potential Vendor:

I would like to present to you an opportunity to participate in the 17th Annual Nevada Health Care Forum. The Forum is a joint effort of the Nevada chapters of the American College of

Healthcare Executives (ACHE), Healthcare Leaders Association of Nevada (HLANV), Healthcare

Information Management Systems Society (HIMSS), and the Healthcare Financial Management

Association (HFMA). This is an all-day in person event at the Westgate Las Vegas Resort & Casino on Thursday October 17, 2024.

We estimate approximately 250-350 medical professionals and healthcare executives will attend this event. We will have morning, lunch, and afternoon breaks. Attached is a description and benefits listing of the vendor levels that are available for you to consider. I hope you will consider this opportunity and would encourage you to accept our invitation early.

Applications may be emailed, mailed or faxed to ACHE-Nevada Chapter at the following:

Mail:

ACHE-Nevada Chapter

801 S. Rancho Drive

Suite C-1

Las Vegas, NV 89106-3858

Fax (702) 947-6570

Email lpreston@pmclv.com

Thank you for your time and consideration. I hope to hear from you soon.

Sincerest Regards,

Larry Preston

Sponsorship Chair

(702) 598-0600

** EVENT ANNOUNCEMENT**

LAS VEGAS – (April 1, 2024) – More than 300 healthcare industry executives and government leaders are expected to attend this year's Nevada Health Care Forum on Thursday October 17, 2024. The Nevada Health Care Forum provides a meeting place for medical professionals to discuss changes, trends, and emerging opportunities in the healthcare industry.

This year's symposium will focus on topics such as the national impact of federal healthcare reform on Nevadans, quality and care management in healthcare, the future of Medicare and Medicaid, and much more. “The event has been an overwhelming success over the last 16 years,” said Todd Lefkowitz, Chief Operating Officer at P3 Health Partners and the event chair. “It provides a unique opportunity to learn from our peers and industry experts about issues impacting the system and ways to improve quality of care.”

The Forum is hosted by the Nevada chapters of the American College of Healthcare Executives

(ACHE), Healthcare Leaders Association of Nevada (HLANV), Healthcare Information Management Systems Society (HIMSS), and Healthcare Financial Management Association (HFMA). The Forum's affiliate organizations include the Case Management Association of Las Vegas, Clark County Medical Society, Nevada Advanced Practice Nurse Association, Nevada Health Information Management Association, Nevada Nurses Association, Nevada State Board

of Nursing, Nevada Organization of Nurse Leaders, Pharmaceutical Research and Manufacturers of America and Washoe County Medical Society.

The event will return to an in-person event at the Westgate Las Vegas Resort & Casino.

**NEVADA HEALTH CARE FORUM SPONSORSHIP OPPORTUNITIES**

**PLATINUM SPONSORSHIP – $5,000**

· Consistent and prominent recognition prior to and during event

· Logo will be prominently featured on NVHCF website with link back to your website, and

 on thrice-weekly pre-event email blasts to 3,000+ recipients

· Recognition as a Platinum Sponsor at the beginning and end of the NVHCF event

· Organization logo prominently displayed

· Speaker introduction and Session Vendor Raffle

· First Choice of Exhibitor Hall space

 Includes 6 registrations for your company staff

**GOLD SPONSORSHIP – $3,500**

· Logo will be prominently featured on NVHCF website with link back to your website, and

 on thrice-weekly pre-event email blasts to 3,000+ recipients,

· Recognition as a Gold Sponsor

· Organization logo prominently displayed

· Speaker introduction and Session Vendor Raffle

· Prime Exhibitor Hall space

Includes 3 registrations for your company staff

**SILVER SPONSORSHIP – $2,500**

· Logo will be prominently featured on NVHCF website with link back to your website, and

 on thrice-weekly pre-event email blasts to 3,000+ recipients

· Organization logo prominently displayed at the NVHCF event

· Speaker introduction and/or Session Vendor Raffle as available

· Exhibitor Hall space

Includes 2 registrations for your company staff

**LUNCH SPONSOR-or Badge Sponsor – $2,500**

· Logo will be prominently featured on NVHCF website with link back to your website, and

 on thrice-weekly pre-event email blasts to 3,000+ recipients

· Organization logo prominently displayed at the NVHCF event

· Speaker introduction and/or Session Vendor Raffle as available

**Badge Sponsor – $2,500**

· Logo will be prominently featured on NVHCF website with link back to your website, and

 on thrice-weekly pre-event email blasts to 3,000+ recipients

· Organization logo prominently displayed at the NVHCF event

· Speaker introduction and/or Session Vendor Raffle as available

**CONTRIBUTING SPONSOR – $1,000**

· Logo will be prominently featured on NVHCF website with link back to your website, and

 on thrice-weekly pre-event email blasts to 3,000+ recipients

**CONTRACT**

This Sponsor Contract/Application (“Contract”) is entered into by and between ACHE-Nevada Chapter for-Nevada Health Care Forum (“NVHCF”), whose address is set forth above

and\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [corporation/other entity] whose address is set forth below (“Sponsor”)

**CONTRACT FINALIZED ONLY IF ACCEPTED BY NVHCF**

Until accepted by NVHCF, this Contract shall constitute only an application to exhibit by Sponsor, which application may be accepted or declined by NVHCF at its sole discretion. NVHCF’s acceptance of Sponsor’s application shall be evidence by its signature above, at which time this Contract shall become binding.

**DEPOSIT**

Initially, a 50% deposit must accompany the contract. The remaining 50% is due by August 1, 2024. For contracts received after September 1, 2024, payment in full is appreciated.

NVHCF reserves the right to request references from Sponsor or to obtain references regarding Sponsor from any other source. NVHCF may, at its sole discretion and without liability to Sponsor, decline Sponsor’s application or, if NVHCF has already accepted Sponsor’s application, cancel this contract if any such references are not satisfactory to NVHCF. If this contract is cancelled pursuant to this paragraph, all registration fees will be refunded to Sponsor. Additional equipment requests will be arranged through NVHCF contact as set forth by this agreement and paid exclusively by Sponsor.

**CANCELLATION**

Sponsor may cancel this contract by written notice to NVHCF at the address set forth above, attention Larry Preston, Sponsorship Chair, by fax (previously provided) or by email at lpreston@pmclv.com. If such notice is postmarked prior to August 31, 2024 or received via fax or email by August 31, 2024, Vendor shall receive a refund of all monies minus $500.00 for the cancellation fee. If cancellation is received after August 31, 2024, Sponsor shall not receive any refunds.

**RULES AND REGULATIONS**

Vendor agrees to comply with all display and exhibition requirements and restrictions imposed by NVHCF.

**ACCEPTED AND AGREED TO:**

Vendor Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsorship Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT INFORMATION:**

\_\_\_\_\_ Check enclosed, make check payable to ACHE-NV Chapter: Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Please charge my credit card (circle one): Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

American Express Visa MasterCard Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Billing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**VENDOR INFORMATION:**

**CONTACT PERSON for CONFIRMATION and to whom additional information and notices should be sent**

(PLEASE PRINT CLEARLY)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT PERSON for LISTING in printed materials, including Sponsor roster**

(PLEASE PRINT CLEARLY)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRODUCTS / SERVICES to be displayed** - Please give us a 100-word description of your company and its products and services:

**LOGO**- Please provide us your logo via email in a high definition format: jpg, tif, png, etc.