



# California Association of Health Underwriters

## Health Care Retreat 2017

### September 11 - 13

### Pala Casino and Spa Resort,

### 11154 Highway 76, Pala, CA 92059

### 760.510.2270

## — Sponsorship Opportunities —

### ☐ Main Event Sponsor .....\$10,000

- Prime space location, include booth
- 4 Health Care Retreat staff registrations
- 6 Vanguard Karaoke Party staff registrations
- Signage located in main hotel lobby and outside main session hall
- Special logo promotion in exhibit hall
- Special recognition in event app
- 5 minute podium welcome at start of event

### ☐ Lunch Sponsor (1 Still Available) ..... \$5,000

- Prime space location, with purchase of a booth
- Two additional staff registrations
- Signage during lunch
- Special recognition in event app

### ☐ Breakfast Sponsor ..... \$3,000

- Prime space location, with purchase of a booth
- Two additional staff registrations
- Signage during lunch

### ☐ Power Break Sponsor (1 Still Available) ..... \$3,000

- Prime space location, with purchase of booth
- Signage in Professional Development Day Break Room

### ☐ Health Care Retreat Mobile App Sponsor\* (1 Available)..... \$3,000

- Prime space location, with purchase of booth
- Two staff registrations
- Signage during break

### ☐ Registration Sponsor\* ..... \$2,500

- Two staff registrations
- Signage in registration area

### ☐ Keynote Sponsor ..... \$2,500

- Two additional staff registrations
- Signage at the event

### ☐ Wellness Sponsor\* (1 Still Available) ..... \$2,000

- Choice of sponsoring one of two morning Wellness Activities
- Two additional staff registrations
- Signage at event

### ☐ Name Badge Sponsor\* (1 Available) ..... \$1,500

- Logo on standard name badge
- Two additional staff registrations
- Signage during break

### ☐ Bag Sponsor\* ..... \$1,500

- Sponsor to provide bags
- Two additional staff registrations

### ☐ Technology Charging Station Sponsor\* ..... \$1,500

- Mobile device charging station for attendees
- Sponsor is required to provide charging station
- Note: Contact info@cahu.org to discuss details prior to submitting form and payment.

### ☐ Hotel Registration Desk Sponsor ..... \$1,500

- Signage at the hotel registration

### ☐ Main President Reception Sponsor ..... \$5,000

- Place your Pop up Banner at the reception registration
- Signage at the event
- Two additional staff registrations

### ☐ Beverage Sponsor at President Reception ..... \$1,500

- Two additional staff registrations
- Signage at the reception

### ☐ Appetizer Sponsor at President Reception ..... \$1,500

- Two additional staff registrations
- Signage at the reception

### ☐ Podium Sponsor ..... \$1,500

- Two additional staff registrations
- Signage at the event (on Podium)

### ☐ Photo Booth Sponsor (3 available)..... \$1,000

- Logo listed on the digital photos taken with mobile photo booth



☐ **General Sponsor** Please check your preference(s):

Yes! I will sponsor the event!

☐ General Donation ..... Amount: \$ \_\_\_\_\_

Sponsor Payment Options: Please complete all required pages and mail with a check payable to "CAHU" or credit card information to the address listed below to: California Association of Health Underwriters, 2520 Venture Oaks Way #150, Sacramento CA 95833.

☐ Please check this box regarding CAHU's refund/cancellation policy: CAHU does not provide refunds, in full, or in partial.

Upon receipt of payment, vendor will receive confirmation email along with other details related to the event such as how to register free attendees, shipping, setup, etc. Space assignment will be emailed late August 2017. Based on sponsor/exhibitor level vendors are entitled to free registrations to the Health Care Retreat. Any additional attendees are required to pay the applicable registration fee. To attend the Vanguard Karaoke Party on September 12, the \$25 per person registration fee is required. Registration instructions will be included with confirmation email. We do not provide attendee contact list.

☐ **We are enclosing a check** for \$ \_\_\_\_\_ (make check payable to the CAHU)

☐ **Charge my credit card** \$ \_\_\_\_\_: ☐ Visa ☐ American Express ☐ MasterCard

**Please do not e-mail contract with credit card information, please fax or mail instead.**

Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3-4 digit CID#: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Name/Company** (this name will be listed as the sponsor): \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

**— Thank you for your generous support! —**