



# 2019 Columbus Meeting Sponsorships

Your support through sponsorship is critical to BHA and the success of our events. As a sponsor this is a great opportunity to invite everyone you know in our industry to this event. We look forward to seeing you in the **Crowne Plaza, 6500 Doubletree Avenue, Columbus Oh. 43229 Columbus North/Worthington October 2-3, 2019**

### Sponsorship Levels

**The Platinum Sponsorship includes:** 10-minute Product Showcase, table top, logo on event promotion & logo & link on the website as a "Platinum Sponsor". *\*complimentary registration based on membership category*

**The Gold Sponsorship includes:** 5-minute Product Showcase, table top, logo on event promotion & logo & link on the website as a "Gold Sponsor". *\*complimentary registration based on membership category.*

**The Silver Sponsorship includes:** Special Mention, table top, logo on event promotion & logo & link on the website as a "Silver Sponsor". *\* 1 complimentary registration included*

**Reception Sponsorship includes:** 5 minute Product Showcase at the Reception, logo on event promotion, logo & link on the website as a "Reception Sponsor", *\*call for details*

**A six foot table top or a round table available to all Sponsors for banners, display, material, etc.**

### Member Categories

Premier Member (Platinum or Gold Sponsorship) = 2 Complimentary Registrations with Sponsorship

Basic Member (at Platinum or Gold Sponsorship) = 1 Complimentary Registration with Sponsorship

Premier or Basic Member (at Silver Sponsorship) = 1 Complimentary Registration with Sponsors

Non-Member Sponsors (excluding Reception Sponsor) = 2 Complimentary Registrations with Sponsorship

**FINAL DEADLINE FOR SPONSORSHIPS is  
Wednesday September 18, 2019.**

	Member	Non-Member	<input type="checkbox"/> Check enclosed (payable to <u>BHA</u> )
\$ _____ Platinum	\$900	\$1350	<input type="checkbox"/> Charge my Visa / MasterCard
\$ _____ Gold	\$700	\$1050	Name on card: _____
\$ _____ Silver	\$500	\$995	Card #: _____
\$ _____ Reception	Call for Details		Exp. Date: _____ CSV: _____
\$ _____ <b>Total Amount Enclosed</b>			Signature: _____

Attendee Name(s): \_\_\_\_\_

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

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

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

Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_

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



**Return completed form to:** BHA | 136 South Keowee Street, Dayton, OH 45402  
-OR- **Fax to** (937) 222-5794 | Call (800) 245-6292 | info@basementhealth.org

***Payment for any sponsorship committed to and not cancelled by above deadline is due in full.***