

# 2011 NCAHRMM Membership Application & Educational Conference & Vendor Fair Registration

May 2-4, 2011

## Section I: Contact Information

COMPANY NAME: \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## Section II: Sponsorships & Guest Fees (please refer to Sponsorship Level benefits page)

### Educational Sponsorship Levels:

<b>Diamond (up to 12 attendees)</b>	<b>\$ 6,000.00</b>	_____
<b>Platinum (up to 8 attendees)</b>	<b>\$ 5,000.00</b>	_____
<b>Gold (up to 6 attendees)</b>	<b>\$ 3,000.00</b>	_____
<b>Silver (up to 3 attendees)</b>	<b>\$ 1,500.00</b>	_____
<b>Bronze (up to 2 attendee)</b>	<b>\$ 800.00</b>	_____
<b>Educational/Non-Exhibiting (1 attendee)</b>	<b>\$ 400.00</b>	_____

Exhibiting Sponsorship includes: 8'x8' pipe/drape set-up w/6' skirted table, 2 chairs, and electricity  
Internet access fees are not included. Please contact hotel directly if you need internet access for your booth.

**Will you need electricity for your booth?                      Yes                      No**

1st Company Representative Name & Title	2nd Company Representative Name & Title
3rd Company Representative Name & Title	4th Company Representative Name & Title
5th Company Representative Name & Title	6th Company Representative Name & Title
7th Company Representative Name & Title	8th Company Representative Name & Title
9th Company Representative Name & Title	10th Company Representative Name & Title
11th Company Representative Name & Title	12th Company Representative Name & Title

*In order to assure your correct information for the NCAHRMM Membership Directory, please email your Name, Title, Mailing Address, Phone Numbers and Email Address to [jboroughs@ncha.org](mailto:jboroughs@ncha.org)*

How many of your company representatives will be attending the Tuesday Evening Dinner/Entertainment? \_\_\_\_\_

### ADDITIONAL REGISTRANTS:

Additional Exhibitor Representatives Fees

<b>\$ 300.00</b>	# of Attendees	Total
	X	

\_\_\_\_\_  
Additional Representative Name & Title

\_\_\_\_\_  
Additional Representative Email Address

\_\_\_\_\_  
Additional Representative Name & Title

\_\_\_\_\_  
Additional Representative Email Address

## Section III: Payment and Contact Information

TAX ID: 56-1405570

TOTAL DUE: \_\_\_\_\_

**PAYMENT AND REGISTRATION DUE BY: April 15, 2011**

***MAIL CHECK AND APPLICATION / REGISTRATION FORM TO:***

***NCAHRMM c/o Jody Boroughs***

***NCHA Strategic Partners***

***PO Box 4449***

***Cary, NC 27519-4449***

***Phone: 336.817.5037***

EMAIL Questions to: [jboroughs@ncha.org](mailto:jboroughs@ncha.org)

***Credit Card Payments:***

***Please visit [www.ncahrmm.org](http://www.ncahrmm.org) to register and pay online.***