

# 2010 NCAHRMM Membership Application & Educational Conference & Vendor Fair Registration

May 2-5, 2010

## 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:

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

Exhibiting Sponsorship includes: 8'x8' table, pipe/drape set-up, table skirt, 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 Night Dinner Cruise? \_\_\_\_\_

### Guest Registration: Other Vendors or Company Colleagues **are not** considered Guest

Guest Fees: (Includes all meal and events except golf) \$75 per person

Guest Name: 1- \_\_\_\_\_

Guest Name: 2- \_\_\_\_\_

**(Spouse, Significant Other or Child)**

**(Spouse, Significant Other or Child)**

Will your guest(s) be attending

**Total Guest Fees:** \_\_\_\_\_

Tuesday Night Dinner Cruise?      Yes      No

**Section III: Golf Tournament**

**NCAHRMM GOLF TOURNAMENT to support:**  
**The Carolinas Center for Hospice & End of Life Care**  
**Magnolia Greens, Wilmington NC**

**PLAYER NAME:** \_\_\_\_\_

TOURNAMENT FEES: \$ 75.00  
HANDICAP: \_\_\_\_\_

**GUEST NAME:** \_\_\_\_\_

GUEST FEES: \$ 75.00  
GUEST HANDICAP: \_\_\_\_\_

PLEASE LIST TWO INDIVIDUALS WITH WHOM YOU WOULD LIKE TO PLAY.  
NOTE: (There is no guarantee you will be teamed with the below players)

1) \_\_\_\_\_ 2) \_\_\_\_\_

**DIAMOND SPONSORS:**

Please list your (4) sponsored golfers below:

Player Name: _____	Handicap: _____
Player Name: _____	Handicap: _____
Player Name: _____	Handicap: _____
Player Name: _____	Handicap: _____

**Section IV: Payment and Contact Information**

**TAX ID: 56-1405570**

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

**PAYMENT AND REGISTRATION DUE BY: April 16, 2010**

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

*NCAHRMM c/o Jody Boroughs  
NCHA Strategic Partners  
2515 Wynbrook Drive  
Winston Salem, NC 27103  
Phone: 336.794.2584*

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.*