



**2014 AHI Annual Meeting
Sponsor/Exhibitor/Advertiser Commitment Form**

Please complete this form and return it by mail, e-mail or fax to:
Diane Drago, Conference Manager, Diversified Management Services
P.O. Box 7976 • Ann Arbor, MI 48107 • Voice: 734-747-2746 • FAX: 734-661-1919
ddrago@dmsevents.com

NAME

TITLE

ORGANIZATION

ADDRESS

CITY STATE ZIP CODE

TELEPHONE _____

FAX _____

E-MAIL

After reviewing the Prospectus, please indicate the level of support you wish to confirm.

Sponsorship

- Presenting Sponsor--\$7,500
- Reception Sponsor—\$5,000
- Banquet Sponsor--\$5,000
- Tote Bag Sponsor--\$3,500
- Gold Sponsor--\$2,500
- Silver Sponsor—\$1,500
- Bronze Sponsor—\$1,000

Exhibitor

- We are a sponsor and will use our complimentary exhibit space.
- We are not a sponsor but wish to purchase an exhibit space--\$750.

Advertiser: We will purchase an ad:

- Full page: \$750 Half page: \$500
- Quarter page: \$250

Payment Method

- Please charge my credit card in the amount indicated above.
 - VISA Mastercard American Express

Card number: _____
Expiration date: _____ Security code: _____
Name on card: _____

- We will pay by check, **made out to: Alliance of Health Insurers.** (Mail to the address above.)
- Please invoice us.