



# HOME CARE, HOSPICE & PALLIATIVE CARE ALLIANCE OF NEW HAMPSHIRE

## Affiliate Membership Form

Organization Name

(DBA, if applicable)

Doing Business As

Contact Name

Contact E-mail Address

Physical Address

Town, State Zip

Mailing Address

Town, State Zip

Telephone

Toll-Free number

Administrative Fax

Website

## Affiliate Membership Fee

### Basic Membership



Includes listing on website, weekly e-newsletters, invitation to member events, discounted rates for webinars and education programs. Fee is based on size of organization.

- |  |       |
|--|-------|
| <input type="checkbox"/> Organization has five or more employees | \$575 |
| <input type="checkbox"/> Organization four or fewer employees    | \$325 |

## Sponsorship Opportunities

Annual Meeting Sponsorship		Fall Hospice Conference Sponsorship	
<input type="checkbox"/>	<b>Gold Event Sponsor \$ 2000</b> Vendor table, sponsor listed on printed & electronic promotions, acknowledged at lunch, may speak at the start of conference, plus 2 free registrations	<input type="checkbox"/>	<b>Gold Event Sponsor \$ 2000</b> Vendor table, sponsor listed on printed & electronic promotions, acknowledged at lunch, may speak at the start of conference, plus 2 free registrations
<input type="checkbox"/>	<b>Lunch Sponsor \$1000</b> Sponsor acknowledged on print materials, acknowledged at lunch, vendor table, poster signage, plus two free	<input type="checkbox"/>	<b>Silver Sponsor \$1000</b> Prominent display on brochure, website, print materials, vendor table, and distribute prizes to attendee winners
<input type="checkbox"/>	<b>Keynote Sponsor \$750</b> Introduce speaker, acknowledged on all printed and electronic materials, acknowledged at lunch, vendor table, and poster signage, plus two free registrations	<input type="checkbox"/>	<b>Keynote Sponsor \$750</b> Introduce speaker, acknowledged on all printed and electronic materials, acknowledged at lunch, vendor table, and poster signage, plus two free registrations
<input type="checkbox"/>	<b>Dessert, Breakfast or Refreshment Sponsor \$500</b> Recognized on placards, public recognition at the event acknowledgement on website and posters.	<input type="checkbox"/>	<b>Dessert, Breakfast or Refreshment Sponsor \$500</b> Recognized on placards, public recognition at the event acknowledgement on website and posters.
Hospice Volunteer Education Day		Onsite Programs Sponsors	
<input type="checkbox"/>	<b>Event Sponsor \$1000</b> Sponsor acknowledged on all print materials, acknowledged at lunch, vendor table, and poster signage, plus two free registrations	A \$750 lunch sponsorship allows for highly targeted promotion to exactly the members you need to reach. Sponsor one or more of the follows	
<input type="checkbox"/>	<b>Dessert, Breakfast or Refreshment Sponsor \$500</b> Recognized on placards, public recognition at the event acknowledgement on website and posters.	<input type="checkbox"/>	Blueprint for OASIS Accuracy June 12-14
		<input type="checkbox"/>	Membership Meetings, Quarterly

## Dues Calculation

A. Basic Membership Fee	\$ _____
B. Total of Sponsorships selected above	\$ _____
	Total _____
<input type="checkbox"/> Check Enclosed	Charge my credit card <input type="checkbox"/>  <input type="checkbox"/> 
Credit Card Number	_____
Exp Date	_____ CVV Code _____
Name on Card	_____
Billing Address	_____
Signature	_____

Mail, fax or e-mail form to:

Home Care, Hospice & Palliative Care Alliance of New Hampshire, 8 Green Street, Concord, NH 03301

Fax: 603-225-5817, Ph: 603-225-5597, E-mail information to: [info@homecarenh.org](mailto:info@homecarenh.org)