



nebraska
health care association



nebraska
assisted living association

advocate. educate. support.

VENDOR APPLICATION AND AGREEMENT

An invoice for payment will be sent to you upon receipt of a completed form.

My business would like to reach Nebraska nursing homes and assisted living facilities by serving as a 2012

(select all that apply) **Business Associate Membership*, \$350** (not refundable or pro-rated)

- Sponsor Sponsorship Request:**
- Diamond Tier Sponsor \$15,000**
Includes Business Associate Membership
 - Platinum Tier Sponsor \$7,500**
Includes Business Associate Membership
 - Gold Tier Sponsor \$5,000**
Includes Business Associate Membership
 - Bronze Tier Sponsor \$2,500**
Includes Business Associate Membership
 - A La Carte Event Sponsor \$_____**

Convention exhibit and
advertising details will be
distributed closer to event dates

A La Carte Event to be sponsored:

Organization _____

Primary Contact Name _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

E-mail _____ Web Address _____

Products/Services Description _____

*A company that owns or manages nursing home or assisted living facilities in Nebraska must purchase facility membership for those facilities.

Please Sign Below

Please accept this official contract and agreement for our organization to be named as a member and/or sponsor as indicated above in 2012. I understand that Business Associate Members are encouraged to promote membership with NHCA and utilize membership benefits to the fullest but that any inference to my organization being a preferred supplier to facilities is prohibited unless expressly agreed upon and as defined by NHCA. I also understand that this application and my organization's intent and nature of business will be reviewed and approved by NHCA before benefits will be implemented. I understand that some sponsorship opportunities have limited availability. In return for sponsoring at the cost listed above, it is my understanding that my organization will receive the sponsorship recognition according to the entitlements of the sponsorship selected. I understand and agree that full payment is due in the NHCA office before our organization will receive sponsorship recognition.

Signed _____

Title _____ Date _____

Contributions or gifts to the Nebraska Health Care Association and/or the Nebraska Assisted Living Association are not tax deductible as charitable contributions for federal income tax purposes. Dues payments may be deductible by members as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. NHCA estimates that the nondeductible portion of your 2012 dues—the portion which is allocable to lobbying—is 38.3847 percent.

Make checks payable to Nebraska Health Care Association

Return completed and signed contract to:

NHCA, 3900 NW 12th Street, Suite 100, Lincoln, NE 68521 Attention: Tracy Rathe

Phone 402-435-3551 Fax 402-475-6289 E-mail TracyR@nehca.org