



Alaska Association of Health Underwriters (AAHU) 2020-21 Partnership Opportunities

PLATINUM PARTNERSHIP\$7,000.00

- Prominent Logo Visibility at ALL AAHU Events
- Logo Displayed on Website in Prominent Location
- Prominent Booth Location at EXPO + Attendance for Four (4) Company Representatives
- One (1) Exclusive Membership Luncheon Sponsorship
- NEW! Table & Speaking Opportunity Fall/Winter Cocktail Mixer
- Booth & Speaking Opportunity at Spring Networking Event
- Recognition in Monthly AAHU Newsletter (September – May)

GOLD PARTNERSHIP\$5,500.00

- Logo Visibility at ALL AAHU Events
- Logo Displayed on Website
- Booth at EXPO + Attendance for Two (2) Company Representatives
- NEW! Table & Speaking Opportunity Fall/Winter Cocktail Mixer
- Sponsor of Annual Ethics Training
- Booth & Speaking Opportunity at Spring Networking Event
- Recognition in Monthly AAHU Newsletter (September – May)

SILVER PARTNERSHIP\$3,750.00

- Logo Visibility at ALL AAHU Events
- Logo Displayed on Website
- Booth at EXPO + Attendance for One (1) Company Representative
- Breakfast Sponsor at Expo
- NEW! Table & Speaking Opportunity Fall/Winter Cocktail Mixer
- Booth & Speaking Opportunity at Spring Networking Event
- Recognition in Monthly AAHU Newsletter (September – May)

BRONZE PARTNERSHIP\$2,000.00

- Logo Visibility at ALL AAHU Events
- Logo Displayed on Website
- Booth at EXPO and Attendance for One (1) Company Representative
- Recognition in Monthly AAHU Newsletter (September – May)

NEWSLETTER PARTNERSHIP\$500.00

- Primary Logo Visibility and Recognition in All Monthly AAHU Newsletters (September – May)



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2020-21 Partnership Opportunities

SPONSORSHIP OPPORTUNITIES

- \$7,000: 2020-21 Platinum Partnership
- \$5,500: 2020-21 Gold Partnership
- \$3,750: 2020-21 Silver Partnership
- \$2,000: 2020-21 Bronze Partnership
- \$500: 2020-21 Newsletter Partnership

CONTACT INFORMATION

Company Name: _____ Phone: _____
Contact Name: _____ Email: _____

METHOD OF PAYMENT

- CREDIT CARD CHECK (Please Make Payable to AAHU) INVOICE ME/PAY LATER

_____	_____	_____	_____
Credit Card Number	Exp Date	Security Code	Total Amount
_____	_____	_____	_____
Name on Card	Phone # of Card Holder	Address Associated with Card	
_____	_____	_____	
Signature	Date		

SPLIT PAYMENT OPTION

Payment Amount #1: _____ Date: _____
Payment Amount #2: _____ Date: _____
Payment Amount #3: _____ Date: _____

Comments / Notes:

