

AMERICAN HEALTH LAWYERS ASSOCIATION
Annual Meeting Off-Property Reception Sponsor Form

Company Name _____

Contact Person _____

Title _____

Street _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

E-mail Address: _____

- My firm would like to be a sponsor of the off-property reception at the Museum of Flight during the June 2010 Annual Meeting**

*Sponsorship Amount:

- \$3,000
 Other amount _____

Benefits:

All sponsoring firms/companies will receive recognition on the AHLA website, in the printed Annual Meeting program brochure if sponsorship is received by March 26, 2010, in *Connections* both before and after the Annual Meeting, on signage at the event at the Museum of Flight, and on the CD Rom provided to all Annual Meeting Attendees.

Firms/companies that select the \$3000 level also may submit materials for inclusion on the In-House Counsel Program CD Rom that can consist of a concise legal update or client alert on current health law topic(s) not to exceed 5 pages and a one-page description of the law firm and/or health law practice that can include contact information. *AHLA reserves the right to review the content of the submissions. Submissions will be due no later than May 14, 2010.*

- Check Enclosed - Make all checks payable to: **American Health Lawyers Association**

Mail payments to:

Valerie Eshleman

AHLA

1025 Connecticut Avenue, NW

Suite 600

Washington, DC 20036

Payment Amount: \$ _____

Credit Card: _____VISA _____Mastercard _____AMEX _____Discover

Card Number _____ Exp. Date _____

Name as it appears on Card _____

Signature _____

Zip Code of Billing Address _____

If you have any questions regarding the Annual Meeting sponsorship, please contact Valerie Eshleman at yeshleman@healthlawyers.org or 202-833-0784.

*Sponsorship of this event is not considered a charitable contribution for tax purposes.