

# 23rd Critical Access Hospital Conference and 22nd Rural Health Clinic Conference

## World's Largest Gathering of Critical Access Hospitals

Exhibit Sponsorships are Reserved for *NRHA Partners and Non-Profit Organizations Serving Rural Healthcare*

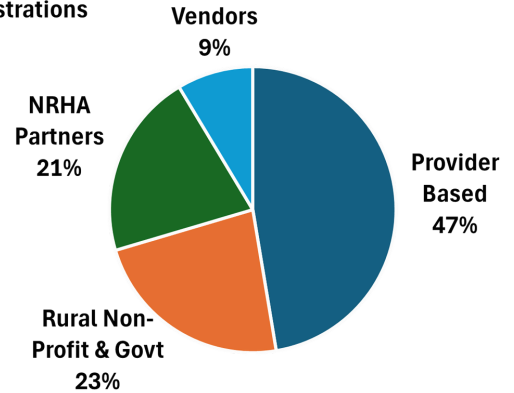
**NON PROFIT EXHIBIT SPONSORSHIP: 12 AVAILABLE**  
**EARLY BIRD \$3,950 OR \$4,500 AFTER JULY 24**

Sponsorship includes exhibit space at conference registrations, a 30" wide and high-top table with tablecloth & space for 36" x 80" Tall Drop Up Bar, and an attendee list.

**EXHIBIT SCHEDULE (subject to change)**

<u>September 24</u>	<u>September 26</u>
Noon - 4 PM: Exhibit during Welcome Reception	7 - 10 AM: Exhibit during Breakfast
5 - 7 PM: Exhibit during Welcome Reception	Noon - 2 PM: Exhibit during Lunch Break
	3 - 5 PM: Tear Down

CAH  
2023 Registrations



686 CAH REGISTRATIONS IN 2023 (348 EXECUTIVES)

**ADDITIONAL SPONSORSHIPS (exhibit space not included)**

**THURSDAY NETWORKING LUNCH \$10,000**  
Recognition in the app, announced from stage and on signage

**WELCOME RECEPTION FOOD SPONSOR \$9,5000**  
Recognition in the app, announced from stage, and on signage (vendor to supply branded beverage napkins)

**WELCOME RECEPTION BEVERAGE SPONSOR \$7,500**  
Recognition in the app and on signage at stations

**KEYNOTE SPEAKER \$8,500**  
Announced from stage, recognition in program, and in the app

**FRIDAY AWARDS BREAKFAST \$5,000**  
Recognition in the app and on signage

**THURSDAY BREAKFAST \$3,500**  
Recognition in the app and on signage

**THURSDAY AM or PM COFFEE BREAK \$3,000**  
Recognition in the app and on signage (vendor to supply branded coffee sleeves)

**HOTEL KEY CARDS \$3,000**  
(plus the cost of cards)

**LANCH BREAKS \$3,000**  
Co-branded with NRHA

**FRIDAY AM COFFEE BREAK \$2,500**  
Recognition in the app and on signage (vendor to supply branded coffee sleeves)

**PUSH NOTIFICATION (3) \$2,500 EACH**  
140 characters

**PRE-EVENT EMAIL TO ATTENDEES (4) \$2,500 EACH**  
250 words, logo and one image



## National Rural Health Association

### Company Information

Company Name	<input type="text"/>	Main Contact	<input type="text"/>
Website	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>		
State/Province	<input type="text"/>		
Zip/Postal Code	<input type="text"/>		

### Details

### Engagement

- Conference Sponsorship
- Advertising
- Non-profit Educational Partnership
- Sponsored Email
- Other

### Fees

<input type="text"/>	Cost
<input type="text"/>	+ Additional Items
<input type="text"/>	Total Due
<input type="text"/>	Payment Date Due

### Payment

- Credit Card\*
- Check payable to NRHASC

\*If paying by credit card, you will receive an invoice with a payment link.

We will never request an ACH payment. If you receive an email with wire transfer instructions, please alert us immediately.

Signature	<input type="text"/>
Date/Time Field	<input type="text"/>

Email completed form to:  
[submit@nrhasc.com](mailto:submit@nrhasc.com)