

CONFERENCE SPONSORSHIP PARTICIPATION FORM

INTERLINK 2010

Produced by the Texas Association of Healthcare Facilities Management
April 11 – 14, 2010 • Westin Park Central • Dallas, Texas

PARTICIPATION DETAILS

- To participate in Interlink's Conference Sponsorship Program, please provide the information requested below and return this form to TAHFM by the deadline indicated for the selected level of sponsorship.
- Sponsorships received after the stated deadline may not receive all the benefits of sponsorship.
- TAHFM reserves the right to determine the appropriateness of sponsorships.
- **Questions regarding availability, contact Claire Walters at cwalters@tahfm.org or 512-220-4291.**

SPONSORSHIP SELECTION

\$5,000 Sponsorship Opportunities

- President's Reception
- Casino Night
- Hospitality Suite
- Custom Hotel Keycards
- Monday Networking Breakfast/Keynote
- Tuesday Networking Breakfast/Keynote
- Monday Attendee Luncheon

\$2,500 Sponsorship Opportunities

- Expo Hall Lunch
- Name Tag Lanyards
- Turndown Gift – 1 per night (+gift and delivery)
Sunday/Monday/Tuesday (circle one)
- Conference Tote Bag (+bag)

\$1,250 Sponsorship Opportunities

- Operations/Compliance Track
- Management Development Track
- Certifications Track
- Audio/Visual
- Portfolios
- Breakfast (Wed)
- Coffee Break (Mon) AM / PM (circle one)
- Coffee Break (Tues) AM / PM (circle one)
- Coffee Break (Wed) AM

Contact Information

Company Name _____
Contact _____ Title _____
Tel _____ Fax _____ Email _____
Address _____
City _____ State _____ Zip _____
Web Address _____

Payment Information

**ALL BALANCES MUST BE PAID WITHIN 30 DAYS
OF INVOICE DATE**

Make checks payable to:

TAHFM
POC:
Claire Walters 512-220-4291

Mail, Email or FAX payments to:

TAHFM
PO Box 26498, Austin, TX 78755
512-220-4291 • Email: cwalters@tahfm.org
512-857-7711 FAX

Cancellation Policy

- 50% of total sponsorship cost through Jan 22, 2010
- 100% of total sponsorship cost after Jan 22, 2010

Credit Card Payment

- Visa
- MasterCard
- American Express

Card Number: _____ Amount: \$ _____

Exp. Date: _____ Security Code _____ Name on Card: _____

Billing Address: _____

City / State / Zip: _____

Signature: _____ Date Received: _____