



# ALABAMA SOCIETY FOR HEALTHCARE ENGINEERING

Building, Maintaining, and Improving, the Healthcare Environment Responsibly

## 2023 SPONSORSHIP OPPORTUNITY FORM FOR RETURNING SPONSORS

COMPANY: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Service Provided: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Being a sponsor at the AlaSHE Spring and Fall Conferences provides your company with a great opportunity to connect with the Facility Managers, Engineering Chiefs, Maintenance Supervisors, Plant Operations Directors and Safety Officers. Please check the level of sponsorship in which your company would like to participate. Note: Unless otherwise indicated, the number of sponsors per level is unlimited, and there may be more than one sponsorship in any category.

Sponsorship Level	Sponsorship Includes	Benefits to Your Company:
<input type="checkbox"/> <b>Platinum Sponsorship</b> <b>\$4,700</b>	<ul style="list-style-type: none"> <li>◆ Introduction at Spring and Fall conference during business meeting</li> <li>◆ 1<sup>st</sup> pick of booth space at Spring and Fall conference</li> <li>◆ Guaranteed double booth space at Fall conference and single booth space at Spring conference</li> </ul>	<ul style="list-style-type: none"> <li>● Opportunity to host an educational session at spring or fall conference</li> <li>● Company logo and link on AlaSHE Website</li> <li>● Electronic copy of AlaSHE meeting attendee list</li> <li>● Included in Preferred vendor list sent to AlaSHE members</li> <li>● Allows six (6) company representatives to attend conference</li> </ul>
<input type="checkbox"/> <b>Gold Sponsorship</b> <b>\$2,700</b>	<ul style="list-style-type: none"> <li>◆ Introduction at Spring and Fall conference during business meeting</li> <li>◆ Guaranteed double booth space at Fall conference and single booth space at Spring conference</li> </ul>	<ul style="list-style-type: none"> <li>● Company logo and link on AlaSHE Website</li> <li>● Electronic copy of AlaSHE meeting attendee list</li> <li>● Included in Preferred vendor list sent to AlaSHE members</li> <li>● Allows four (4) company representatives to attend conference</li> </ul>
<input type="checkbox"/> <b>Silver Sponsorship**</b> <b>\$1,700</b>	<ul style="list-style-type: none"> <li>◆ Single booth space at Fall and may attend spring. (Booth space will be limited at the Spring meeting with space based on filling Platinum and Gold sponsors first and Silver sponsors next based on time the sponsorship is received) see below</li> </ul>	<ul style="list-style-type: none"> <li>● Company name on AlaSHE Website on sponsor page</li> <li>● Electronic copy of AlaSHE meeting attendee list</li> <li>● Allows two (2) company representatives to attend conference</li> </ul>
<input type="checkbox"/> <b>Exhibitor **</b> <b>\$1,250</b>	<ul style="list-style-type: none"> <li>◆ If available single booth space at either fall or spring meeting</li> </ul>	<ul style="list-style-type: none"> <li>● Listing in AlaSHE Vendor Directory</li> <li>● Electronic copy of AlaSHE meeting attendee list</li> <li>● Allows one (1) company representative to attend conference</li> </ul>
<ul style="list-style-type: none"> <li>■ Platinum Sponsor      6 attendees</li> <li>■ Gold Sponsor            4 attendees</li> <li>■ Silver Sponsor          2 attendees</li> <li>■ Exhibitor Only          1 attendee</li> </ul>		

➔ **Additional company representatives will be charged \$350.00 each.**

\*\* Booth space is limited at the Spring meeting with space based on filling Platinum & Gold sponsors first and Silver sponsors next based on time the sponsorship is received. Any spaces left after that will be chosen according to first received. In the event no space is available, refunds will be given if sponsor chooses not to exhibit at fall conference.

Still have questions? Please contact Debbie Stuckey at 800-489-2542 or [dstuckey@alaha.org](mailto:dstuckey@alaha.org).

<input type="checkbox"/> Check enclosed in the amount of \$ _____	Check Number: _____
<input type="checkbox"/> AMEX/VISA/Mastercard: Card # _____	ID code ___ Visa/MC ___ AMEX Exp. Date: _____
Signature: _____	Date: _____

FOR AlaSHE USE ONLY			
Total Due: _____	Check Date: _____	Check Number: _____	Clear Date: _____

Send completed application forms and payment to:

Alabama Society for Healthcare Engineering 500 North East Boulevard, Montgomery, AL 36117 email [dstuckey@alaha.org](mailto:dstuckey@alaha.org) FAX (334) 270-9527