



2017 Louisiana Rural Health Association Corporate Sponsorship Application

Name: _____
Title: _____

Organization Name: _____

Mailing
Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Corporate Sponsorship Level:

- | | |
|---|---|
| <input type="checkbox"/> Diamond Sponsor (\$10,000) | <input type="checkbox"/> Platinum Sponsor (\$7,500) |
| <input type="checkbox"/> Gold Sponsor (\$5,000) | <input type="checkbox"/> Silver Sponsor (\$2,500) |
| <input type="checkbox"/> Bronze Sponsor (\$1,500) | |

****Complete page two for membership contacts****

Payment

- Check enclosed MasterCard Visa (MasterCard and Visa only)

Credit Card Number: _____ Expiration
Date: _____

Name (as it appears on card):

******Please complete membership section on next page******



Membership Information

(Please provide the name and e-mail address)

Diamond: Up to 15 contacts
Platinum: Up to 10 contacts
Gold: Up to 8 contacts
Silver: Up to 6 contact
Bronze: Up to 4 contacts

1. Name: _____ Email: _____
(This person will be the primary contact of your organization.)

2. Name: _____ Email: _____

3. Name: _____ Email: _____

4. Name: _____ Email: _____

5. Name: _____ Email: _____

6. Name: _____ Email: _____

7. Name: _____ Email: _____

8. Name: _____ Email: _____

9. Name: _____ Email: _____

10. Name: _____ Email: _____

11. Name: _____ Email: _____

12. Name: _____ Email: _____

13. Name: _____ Email: _____

14. Name: _____ Email: _____

15. Name: _____ Email: _____