

N A M E

National Alliance for Medicaid in Education, Inc.

National Alliance for Medicaid in Education (NAME) Opportunities for 2019 NAME Sponsors Application

NAME Platinum Sponsor \$10,000

- Quarterly individual phone calls with NAME's Executive Director to discuss emerging issues and concerns
- Annual e-mail to Friends of NAME distribution list (over 2000) with your company's information, including array of services, states currently served and other approved information
- Option to speak for up to 5 minutes during NAME Annual Conference at one of the luncheons about your organization's opinion of the value of NAME
- Full Page Color Logo in Conference Program (if traditional hard copy is produced):
 - 1st Platinum Sponsor to submit payment will have their logo on the inside cover of the Conference Program
 - 2nd Platinum Sponsor to submit payment will have their logo on inside back cover of the Conference Program
 - Subsequent Platinum Sponsors will be appropriately placed throughout the Conference Program
- If Conference Program is an "App" for smart devices, Sponsor logos will be placed in locations of prominence aligned with locations for a hard copy version
- Sponsor display booth (optional)
- Sponsor recognition throughout the Annual Conference through rolling sponsors presentation during lunch and down time in room used for general sessions
- Organizational Sponsor Ribbon for Annual Conference name tag
- Three complimentary Annual Conference registrations and NAME memberships
- Annual Conference Attendee List in advance
- Acknowledgement from the podium as a Platinum Sponsor during the Annual Conference at the following times:
 - Each break in a general session
 - Each breakfast
 - Each lunch
 - On general session door sign

NAME Gold Sponsor \$5,000

- Acknowledgement in Annual Conference Program with your corporate logo (if traditional hard copy is produced):
- If Conference Program is an “App” for smart devices, Sponsor logos will be placed in locations of prominence aligned with locations for a hard copy version
- Sponsor display booth (optional)
- Sponsorship recognition throughout the Annual Conference through rolling sponsors presentation during lunch and down time in room used for general sessions
- Conference Sponsor Ribbon for Annual Conference name tag
- Two complimentary registrations for Annual Conference and NAME memberships
- Annual Conference Attendee List in advance
- Acknowledgement as Gold Sponsor at the following times during the Annual Conference:
 - Each break of a general session
 - Each breakfast
 - Each lunch
 - On general session door sign

NAME Silver Sponsor \$3,000

- Acknowledgement in Annual Conference Program whether hard copy or “App” for smart devices
- Sponsor display booth (optional)
- Sponsorship recognition throughout the Annual Conference through rolling sponsors presentation during lunch and down time in room used for general sessions
- Sponsor Ribbon for Annual Conference name tag
- One complimentary registration for Annual Conference and NAME membership
- Annual Conference Attendee List in advance
- Acknowledgement during the Annual Conference as Silver Sponsor at the following times:
 - Each break of a general session
 - Each breakfast

NAME Bronze Sponsor \$1,500

- Acknowledgement in Annual Conference Program whether hard copy or “App” for smart devices
- Sponsor display booth (optional)
- Sponsorship recognition throughout the Annual Conference through rolling sponsors presentation during lunch and down time in room used for general sessions
- Annual Conference Sponsor Ribbon for name tag
- One complimentary NAME membership
- Acknowledgement as Bronze sponsor at the following time during the Annual Conference:
 - Each break of general sessions

Other Opportunities

NAME is happy to accept inquiries for other sponsorship opportunities. Please contact John Hill at John.Hill@MedicaidforEducation.org.



NAME SPONSOR APPLICATION

SPONSOR LEVEL: (Indicate Level)

Indicate with X	NAME Sponsor Level	Name Of Individual for Complimentary Annual Conference Registration(s) and/or NAME Membership:			
	\$10,000 Platinum Sponsor	Annual Conference Attendees (3)			
	\$ 5,000 Gold Sponsor	Annual Conference Attendees (2)			
	\$ 3,000 Silver Sponsor	Annual Conference Attendee (1)			
	\$ 1,500 Bronze Sponsor	NAME Membership Dues (1)			
	\$ _____ Other Proposed Sponsor	(Please contact John Hill at John.Hill@MedicaidforEducation.org)			

Note: If Name of Individual(s) is not available at time of application submission, please provide to the Treasurer by July 31st, 2019

Corporate Name: _____

Address: _____

Name of Contact Person: _____

Phone Number: _____

Email Address: _____

***Send completed application (*including signature page*) with check made payable to *NAME, Inc.* and mail to:**

Deb Marshall, Treasurer
 National Alliance for Medicaid in Education
 P.O. Box 190238
 Burton, MI. 48519

Please submit your logo in Vector Format to John Hill by July 31, 2019

Terms and Conditions

I. Subject to National Alliance for Medicaid in Education, Inc. (NAME) Policies. This agreement, and any acknowledgment of sponsorship or marketing and promotional activities of the sponsor that relate to the sponsorship, is subject to all applicable NAME policies.

II. No Rights to NAME Logo. This agreement does not provide the sponsor with any rights to use NAME's organization logo. Approval for use of the logo must be separately obtained from the NAME Board of Directors.

III. Liability. Sponsor agrees to protect, indemnify, and hold harmless NAME, its officers, leadership team, and contracted agents from any and all liability, including claims, demands, losses, costs, damages, and expenses of every kind and description or damages to persons or property arising out of or in connection with or occurring during the course of this agreement. In turn, NAME agrees to hold harmless the sponsor, its officers, employees, and agents from any and all liability, including claims, demands, losses, costs, damages, and expenses of every kind and description or damages to persons or property arising out of the negligent act or omission of an officer, leadership team member or contract agent of NAME while acting within the scope of their duties.

IV. No Endorsement. This agreement shall not be construed or represented as an endorsement by NAME of the sponsor or sponsor's goods or services.

V. Acknowledgement of Sponsorship. This Agreement does allow the sponsor to acknowledge their current sponsorship of the NAME organization on their webpage and written materials. In turn, NAME may acknowledge the sponsor's support of the NAME organization on their webpage and written materials.

VI. No Partnership or Joint Venture. This Agreement does not constitute and shall not be construed as constituting a partnership or joint venture between the parties, and the parties shall be treated as independent entities in all respects.

VII. Gift Receipts. The sponsor agrees to notify NAME at the time of sponsorship payment if they intend to claim a charitable contribution deduction for the sponsorship so NAME can prepare the appropriate gift receipt.

Questions regarding sponsor levels, sponsor opportunities, or the terms & conditions should be directed to:

John Hill, Executive Director
National Alliance for Medicaid in Education
317-902-5446
John.Hill@MedicaidForEducation.org

or,

Deb Marshall, Treasurer
National Alliance for Medicaid in Education
P.O. Box 190238
Burton, MI. 48519
Treasurer@medicaidforeducation.org

_ (Authorized Sponsor Signature)

Date: _____