

## CORPORATE MEMBERSHIP FORM

### Company Information

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Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Contact Phone Number: ( ) \_\_\_\_\_ Contact Fax: ( ) \_\_\_\_\_

Contact Email: \_\_\_\_\_

### Membership Options

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**Platinum**

**\$10,000**

- Tuition to the conference for up to 4
- Exhibit table at the conference
- Full-page advertisement in the conference program
- Listing in next year's conference announcement
- Color Advertisement on FMHAC website with link
- Listing in FMHAC Newsletters
- Listing in all one-day training programs
- Highlight as supporter in FMHAC Facebook and Twitter posts twice during the year

**Gold**

**\$6,000**

- Tuition to the conference for up to 2
- Exhibit table at the conference
- Full-page advertisement in the conference program
- Listing on FMHAC website with link
- Listing in FMHAC newsletters
- Listing in all one-day training programs
- Highlight as supporter in FMHAC Facebook and Twitter posts twice during the year

**Silver**

**\$3,000**

- Exhibit table at the conference
- Half-page advertisement in the conference program
- Listing in FMHAC newsletters
- Listing in all one-day training programs

**Bronze**

**\$1,000**

- Listing in FMHAC newsletters
- Quarter-page advertisement in the conference program.

### Payment

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**Invoice**

\_\_\_\_\_ By Email \_\_\_\_\_ By Fax \_\_\_\_\_ By Mail

**Check** Make checks payable to FMHAC

**Credit Card** (VISA/MC)

Card # \_\_\_\_\_ exp. \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Email/Fax for confirmation \_\_\_\_\_