



New Mexico Public Health Association
10th Annual Health Policy Legislative Forum
Wednesday, December 4, 2013 ~ Albuquerque, NM

SPONSOR REPLY FORM

Name of Organization _____

(as it should appear for conference publicity)

Contact Person _____

Address _____ City _____ State _____

Phone _____ Fax _____ Email _____

Sponsorship Amount \$ _____

- Champion of Public Health, \$2000+**
Includes three complimentary registrations, and acknowledgement on NMPHA website, in printed materials, and verbal recognition at Forum (Please provide names on back.)
- Guardian of Public Health, \$1000**
Includes two complimentary registrations, and acknowledgement on NMPHA website, in printed materials, and verbal recognition at Forum (Please provide names on back.)
- Advocate of Public Health, \$500**
Includes one complimentary registration, and acknowledgement on NMPHA website, in printed materials, and verbal recognition at Forum (Please provide names on back.)

NMPHA values our sponsors and will recognize all sponsors before and during our event.

NMPHA Federal Tax ID # 85-0265423

Please make Checks/P.O.s payable to NMPHA and mail with this completed form to:

NMPHA Health Policy Forum Sponsorships
P.O. Box 26433
Albuquerque, New Mexico 87125

DEADLINE:
November 20, 2013
(for listing in the program)

If you have questions or would like more information, please contact Leigh Caswell at leighcaswell@gmail.com or 505-227-6317, or check out our website at www.nmpa.org.

Thank you for your contribution and participation!

Complimentary Registrations for Sponsors

Champion of Public Health, \$2000+ *(Includes three complimentary registrations)*

1. Name: _____
E-mail: _____
Phone: _____

2. Name: _____
E-mail: _____
Phone: _____

3. Name: _____
E-mail: _____
Phone: _____

Guardian of Public Health, \$1000 *(Includes two complimentary registrations)*

1. Name: _____
E-mail: _____
Phone: _____

2. Name: _____
E-mail: _____
Phone: _____

Advocate of Public Health, \$500 *(Includes one complimentary registration)*

1. Name: _____
E-mail: _____
Phone: _____