

# The DuPage Association of Health Underwriters

## Annual Sponsorship



### **PLATINUM** \$2,500

- Table signage at all DAHU meetings
- Sponsors acknowledgement at every meeting including scrolling logos on presentation screen
- Present 15 min. overview of products & services at TWO chapter meetings
- Present a 30 sec. commercial at every monthly meeting
- Sapphire Sponsorship (Booth + ½ page ad in program) at our Annual Expo
- Foursome at our Annual Golf Outing
- Hole sponsorship at Annual Golf Outing
- Golf cart sponsorship and Annual Golf Outing
- Company logo and link to your company website on our Sponsor Page on DAHU website
- 10% discount on additional sponsorship/registration fees for any of our events

### **GOLD** \$1,750

- Table signage at all DAHU meetings
- Sponsors acknowledgement at every meeting including scrolling logos on presentation screen
- Present 15 min. overview of products & services at ONE chapter meeting
- Present a 30 sec. commercial at every monthly meeting
- Sapphire Sponsorship (Booth + ½ page ad in program) at our Annual Expo
- Hole sponsorship at Annual Golf Outing
- Company logo and link to your company website on our Sponsor Page on DAHU website

### **SILVER** \$750

- Table signage at all DAHU meetings
- Present 10 min. overview of products & services at ONE chapter meeting
- Company logo and link to your company website on our Sponsor Page on DAHU website



# Annual Sponsorship Agreement

\_\_\_\_\_

Name

\_\_\_\_\_

Company

\_\_\_\_\_

Legal Address

\_\_\_\_\_

Phone

\_\_\_\_\_

Email Address

\_\_\_\_\_

Fax

**I hereby agree to be an Annual Sponsor for the DuPage Association of Health Underwriters from January 1, 2016 until December 31, 2016.**

Please sign this agreement and return to [president@dahuonline.com](mailto:president@dahuonline.com), or mail to: DuPage Association of Health Underwriters, PO Box 3202, Oak Brook, IL 60523. Also, please provide company info, an electronic JPEG logo, and a link to your website.

\_\_\_\_\_

Sponsor Signature

\_\_\_\_\_

Accepted by/Signature Received by DAHU Board

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name

A fully executed copy of this agreement will be returned to you. If you have any questions, please call your DAHU contact.