

MRHA

Missouri Rural
Health Association



Annual Association **SPONSORSHIP APPLICATION**

Business or Organization Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

E-Mail: _____ Web Address: _____

Phone: (____) _____ Fax: (____) _____

DESCRIPTION OF PRODUCTS

PACKAGE SELECTION

- | | |
|---|----------|
| <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 | \$2,000 |

THE BOARD OF DIRECTORS OF THE MISSOURI RURAL HEALTH ASSOCIATION RESERVES THE RIGHT TO DENY ANY REQUEST FOR SPONSORSHIP, EXHIBIT SPACE, OR ADVERTISING DEEMED UNSUITABLE GIVE THE GOALS OF THE ASSOCIATION.