



# Annual Association

## **SPONSORSHIP APPLICATION**

Business or Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Web Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

### **DESCRIPTION OF PRODUCTS**

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### **PACKAGE SELECTION**

- DIAMOND SPONSOR      \$10,000
- PLATINUM SPONSOR      \$7,500
- GOLD SPONSOR      \$5,000
- SILVER SPONSOR      \$2,500
- 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.*