

ICHPS COMMITMENT FORM

Enhance your company's visibility at this year's **International Conference on Health Policy Statistics**. Select from the options listed below to expand your marketing portfolio at ICHPS 2020. See the sponsorship web page at www2.amstat.org/meetings/ichps/2020 for up-to-date options.

SPONSORSHIP LEVELS

<input type="checkbox"/> Principal (\$5,000 or more)	<ul style="list-style-type: none">Acknowledgement in <i>Amstat News</i>, reaching all members of the ASARecognition on the conference website, including a link to your company websiteYour logo will be prominently featured in onsite signage of sponsor organizationsA one-page flyer or an advertisement in the conference programA thank-you tweet including your preferred Twitter handleAcknowledgement in <i>Amstat News</i>, reaching all members of the ASA
<input type="checkbox"/> Supporting (\$1,500-4,999)	<ul style="list-style-type: none">Recognition on the workshop websiteYour logo will be featured in onsite signage of sponsor organizations

ADVERTISE

<input type="checkbox"/> Onsite Advertisement	\$500
<input type="checkbox"/> Conference Program Advertisement	
(circle one) Full-Page \$750	
Half-Page \$500	

SPONSORSHIP ITEMS

EXCLUSIVE	COSPONSORSHIP
<input type="checkbox"/> Opening Day Mixer & Poster Session	\$4,000
<input type="checkbox"/> Conference Bag	\$3,000
<input type="checkbox"/> Attendee WiFi	\$2,500
<input type="checkbox"/> Conference App	\$2,500
<input type="checkbox"/> Conference Badge Lanyards	\$1,500
<input type="checkbox"/> Career Panel and Networking Mixer	\$3,000
<input type="checkbox"/> Continental Breakfast & Poster Session	\$3,000
<input type="checkbox"/> Coffee Breaks	\$5,000
<input type="checkbox"/> Conference Pen	\$750
<input type="checkbox"/> Student Travel Awards	N/A
<input type="checkbox"/> Charging Stations	\$1,000

Contact Information

Contact _____ Organization _____

Address _____

City _____ State/Province _____ ZIP/Postal Code _____

Email _____ Phone _____

Payment

Total Amount Due: _____ Check Enclosed VISA MasterCard American Express Discover

Card Number _____ Expiration _____

Name on Card _____ Security Code _____

Authorized Signature _____