

CORPORATE MEMBERSHIP

Bronze\$ 5,000

Gold.....\$ 15,000

Silver \$ 10,000

Platinum.....\$ 20,000

BENEFITS OF MEMBERSHIP

- ◆ Participation on the NPWH Corporate Advisory Committee, as well as invitations to other NPWH meetings
- ◆ Opportunities for sponsoring/collaborating on nurse practitioner continuing education and special projects
- ◆ Collaborative opportunities for surveys and research which will mutually benefit both partners
- ◆ Ongoing communication with NPWH's CEO and Board of Directors
- ◆ Corporate Members will receive the weekly NPWH E-News Brief. This publication provides weekly news and information to women's health nurse practitioners nationwide. You will also receive our New Online NPWH Journal, *Women's Healthcare: A Clinical Journal for NPs*. Promotional opportunities available.
- ◆ Exhibit/Sponsorship opportunities at NPWH's annual conference and other co-sponsored meetings.

BRONZE LEVEL: Acknowledgement in Conference Guide & Signage
Corporate Ribbons
Priority exhibit space at annual conference

SILVER LEVEL: Acknowledgement in Conference Guide & Signage
Corporate Ribbons
5% Discount on mailing list
Priority exhibit space at annual conference

GOLD LEVEL: Acknowledgement in Conference Guide & Signage
Corporate Ribbons
10% discount on mailing list
Priority exhibit space at annual conference

PLATINUM: Acknowledgement in Conference Guide & Signage
Corporate Ribbons
20% discount on mailing list
1st priority exhibit space at annual conference

For more information regarding Corporate Membership or sponsorship opportunities, please contact Gay Johnson at gjohnson@npwh.org or at 202-543-9693 ext. 3.



CORPORATE MEMBERSHIP APPLICATION

Annual Membership Dues:

- Bronze Level \$ 5,000
- Silver Level \$10,000
- Gold Level \$15,000
- Platinum Level \$20,000

Company Profile *(please print or type)*

Company Name: _____

Contact Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Email: _____

Phone Number: _____

Payment options

Please email invoice to _____

Check enclosed payable to NPWH in the amount of \$ _____


Credit Card (please check one) MasterCard Visa Discover American Express

Card Holder Name : _____


Credit Card Number: _____

Expires (mm/yyyy): _____ Card Holder Phone Number: _____

Card Holder Signature: _____

 Fax this form to (202) 543-9858

 Mail this form to 505 C Street, NE, Washington, DC 20002

 E-mail form to cwiley@npwh.org