

Sponsorship Reservation

Name:

Organization: Job Title:

Address:

City: State: Zip Code:

Email Address: Phone Number:

Sponsor Level

- | | |
|---|---|
| <input type="checkbox"/> Presenting Sponsor (\$30,000) SOLD | <input type="checkbox"/> Diamond Sponsor (\$10,000) |
| <input type="checkbox"/> Gold Medal Sponsor (\$15,500) | <input type="checkbox"/> Sapphire Sponsor (\$7,500) |
| <input type="checkbox"/> Silver Medal Sponsor (\$6,000) | <input type="checkbox"/> Ruby Sponsor (\$5,000) |
| | <input type="checkbox"/> Emerald Sponsor (\$2,500) |
| | <input type="checkbox"/> Pearl Sponsor (\$1,000) |

Payment Information

- Check enclosed Please reserve my place; I'll mail my check later
- Please reserve my place; I will make my payment with my credit card by phone [call (808) 521-8961]

Please make check payable to **Healthcare Association of Hawaii**
Because HAH is a 501(c)(6) organization, contributions are not deductible as charitable contributions on the donor's federal income tax return. They may be deductible as trade or business expenses if ordinary and necessary in the conduct of the taxpayer's business. Please consult with your tax advisor on deductibility.