



# Sponsorship Opportunities

National Renal Administrators Association 2009 Annual Fall Conference  
Marriott Marco Island Resort • Marco Island, Florida • October 7 – 9, 2009

Listed below are sponsorship opportunities available at the NRAA 2009 Annual Fall Conference and Administrators Workshop. All sponsors will be acknowledged on signage at the conference, along with recognition in the Conference Program Book.

### Continental Breakfast \$7,500 each

(Total of 2) Assorted muffins, pastries, and juices will be provided to all registrants.

### Morning Refreshment Breaks \$5,000 each

(Total of 2) Coffee and tea will be served to all registrants.

### Afternoon Refreshment Breaks \$7,500 each

(Total of 2) Coffee, tea, assorted sodas and snacks will be served to all registrants.

### Lunch \$15,000 each

(Total of 2)

### Exhibitors' Reception \$20,000 (Wednesday)

This is the first opportunity for attendees to welcome the exhibitors.

### President's Event \$30,000 (Thursday)

A fun-filled evening honoring the outgoing NRAA President.

### Closing Reception \$15,000 (Friday)

This is the final opportunity at this meeting for all attendees to network in a relaxed and casual atmosphere.

### Conference Program Book \$5,000

The NRAA Conference Program Book is the official guide to NRAA's conference and is distributed on-site and referred to throughout the meeting by attendees. Contents include the schedule of events, exhibit hall floor plan and exhibits guide

## Sponsorship Request

Please print or type.

Advertiser \_\_\_\_\_

Agency (if applicable) \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Billing name (if different from above) \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

- |   |               |                 |
|---|---------------|-----------------|
| <input type="checkbox"/> Continental Breakfast        | \$7,500 each  | \$ _____        |
| <input type="checkbox"/> Morning Refreshment Breaks   | \$5,000 each  | \$ _____        |
| <input type="checkbox"/> Afternoon Refreshment Breaks | \$7,500 each  | \$ _____        |
| <input type="checkbox"/> Lunch                        | \$15,000 each | \$ _____        |
| <input type="checkbox"/> Exhibitors' Reception (Wed.) | \$20,000      | \$ _____        |
| <input type="checkbox"/> President's Event (Thurs.)   | \$30,000      | \$ _____        |
| <input type="checkbox"/> Closing Reception (Friday)   | \$15,000      | \$ _____        |
| <input type="checkbox"/> Conference Program Book      | \$5,000       | \$ _____        |
| <b>Total Amount Sponsored:</b>                        |               | <b>\$ _____</b> |

Please fax this sponsorship opportunity form to 215-963-9785 or email it to [nraa@nraa.org](mailto:nraa@nraa.org)  
(All requests are subject to availability)

### Payment Information:

Check Enclosed (Make check payable to NRAA)  American Express  Visa  MasterCard

Name (please print) \_\_\_\_\_ Title \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Billing Zip \_\_\_\_\_

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_