

## 2023 LAAHU SYMPOSIUM EXHIBITOR AGREEMENT

Company Name				
Address				
City		State		Zip

Contact Name				
Contact Title				
Phone				
Contact E-Mail				

PREMIER SPONSORSHIP	<input type="checkbox"/> Platinum \$9,000 <input type="checkbox"/> Gold \$7,000 <input type="checkbox"/> Silver \$5,000 <input type="checkbox"/> Grand Prize \$3,000 <i>(Includes Exhibitor Table – Refer to Sponsor Package for additional perks)</i>		
SPECIFIED SPONSOR	Indicate Package:	Amount \$:	
EXHIBITOR TABLE	<input type="checkbox"/> \$900 (Single) <input type="checkbox"/> \$1,800 (Double)		
PAGE AD	<input type="checkbox"/> Full Page \$500 <input type="checkbox"/> Half Page \$300 <input type="checkbox"/> Quarter Page \$175		
Ticket Package	<input type="checkbox"/> 5 pre-paid tickets \$300 <input type="checkbox"/> 10 pre-paid tickets \$500		
HUPAC Apr 26 <sup>th</sup> Event	<input type="checkbox"/> \$2,000		

This Application and Agreement is entered into on the \_\_\_\_\_ day of \_\_\_\_\_, 2023, Between the above-named company (hereinafter called Exhibitor) and the Los Angeles Association of Health Underwriters (hereinafter called LAAHU). Exhibitor hereby agrees to all the terms and conditions.

I have read, understand, and agree to the **2023 LAAHU SYMPOSIUM TERMS AND CONDITIONS**

TOTAL AMOUNT OF PACKAGE: \$ \_\_\_\_\_ [TO PAY ONLINE VIA CREDIT CARD – CLICK HERE](#)

Sign here: \_\_\_\_\_ Dated: \_\_\_\_\_

**PLEASE PRINT DESIGNATED ATTENDEE NAMES AND TITLES CLEARLY SO NAME BADGES CAN BE PRODUCED ACCURATELY:**

	NAME:	TITLE:	E-MAIL:
1			
2			
3			
4			
5			
6			
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8			

*Refer to Sponsor Package as to number of complimentary registrations for staff.*

Please email your high-res logo and attendee names to [natalie@camgmt.com](mailto:natalie@camgmt.com)

If you would like to pay by check, please make check payable to LAAHU and mail to address below. A confirmation will be e-mailed to you. All Sponsors Exhibits are non-refundable.

**Los Angeles Association of Health Underwriters**  
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