STAHU is holding our first ever Medicare Summit on Thursday, September 5 - Friday, September 6, 2019 at *The Pearl Hotel in South Padre Island, Texas.*   We are looking forward to an outstanding educational meeting for all agents and brokers interested in the Medicare market. We invite you to be a part of this event. Please review the options below and let us know how you would like to participate.

Diamond Sponsor - $5,000

Two Exhibit Tables
Priority placement of table location
4 attendee registrations to event
Recognition on promotional materials
Honorable mention from the podium and State newsletter recognition
Banner Ad on the STAHU website
Give Opportunity to Provide Speaker for the Program whether CE or not

Platinum Sponsor - $4,000 (1 or 2 sponsors at $2000 each)

Exhibit Table (1 or 2)
Preferred placement of table location after Show Sponsor
2 attendee registrations to event
Honorable mention from the podium and State newsletter recognition
Opportunity to make 3 to 5 minutes' presentation **at lunch**
(1 or 2 available)

Thursday Golf Tournament
See attached page with details

Sapphire Sponsor Sunset Bay Cruise
Thursday Sponsor - $1,500
Exhibit Table
2 attendee registrations to event
Opportunity to make presentation at the reception
Bring promotional materials

Sapphire Sponsor - $1,500
BREAKFAST
Exhibit Table
Preferred placement of table location
2 attendee registrations to event
Honorable mention from the podium and **State newsletter** recognition (ask Ron Byrd for this)
Opportunity to make 3 to 5 minutes' presentation (1 available)

Sapphire Sponsor - $1,500
REGISTRATION
Registration Table with their table cover (2 tables for registration and materials)
2 attendee registrations to event
Sponsor signage at Registration Booth (Banner, table cover, other)
(1 available)

Sapphire Sponsor Goodie Bag – Promotional Items - $1500
Exhibit Table
2 attendee registrations to event
Set-Up next to Registration Booth

Gold Sponsor - $1,000 for morning and $1000 for afternoon
REFRESHMENTS
Exhibit Table
2 attendee registrations to event
Sponsor signage at break
(2 available for $1000 each or 1 @ $2000 and add 2 attendee) morning snack and/or afternoon snack

Memory Lane Photo - $1,000
Exhibit Table
2 attendee registrations to event
Honorable mention from the podium and
 (1 available)

Gold Sponsor - $800 – NAME BADGES
Exhibit Table
2 attendee registrations to event
Logo printed on attendee name badge/holder
(1 available)

Exhibitor - $500
Exhibit Table
2 attendee registrations to event

After Hour Mixer - $250.00

Questions regarding sponsorships or want something you don't see? Contact

Marisa Rivera @	956-867-2226	mrivera@newkirkandnewkirk.com
Carlos Gonzalez @	956-346-7845	carlos.gonzalez@optum
Lisa Trevino @	956-352-9550	lisa@theinfinitus.com
Hector Gracia @	956-352-9550	hector@theinfinitus.com
Pete Jaramillo @	956-580-1066	petejinsurance@msn.com
Jorge Trevino @	956-352-9550	jorge@theinfinitus.com
Ron Byrd	southtahu@gmail.com / byrdronw@gmail.com	

STAHU Medicare Summit – September 5 – 6, 2019

Sponsor Registration Form

Company name: _____

Product/Service: _____

Contact name: _____ **Title** _____

Phone: Office (_____) _____-_____ Cell (_____) _____-_____

Email: _____

Address: _____

City _____ **State** _____ **Zip Code** _____

Onsite Coordinator name: _____**Title** _____

Phone: Office (_____) _____-_____ Cell (_____) _____-_____

Email: _____

Sponsorship Category: _____ **Cost: $_____**

For Golf Tournament see next page $_____

Additional NOTES: _____

_____

_____

Additional attendee registrations _____ x ==$50 each== = $_____Total: $_____

Submit to

☐   **Payment by Check.**

You can eamil this form. If paying by check, please email this form and send your check to the address listed in San Juan.

Make checks payable to STAHU.

South Texas Association of Health Underwriters
c/o Ernesto Lopez – Treasurer
P.O. Box 2214
San Juan, TX 78589

Contact Information below:
email: elopezjr2005@yahoo.com
Phone #: 956-533-0177

☐   **Credit card payment.**

Charge my credit card $_____*Please note there is a processing fee of 3.25% on all credit card transactions.*

Cardholder Name: _____ _____

Credit Card # _____Expiration Date: _____ Val. Code _____

Cardholder Address: _____ City/State: _____ Zip _____

Check one: ☐ Visa   ☐ MasterCard   ☐ American Express

Signature: _____ Date: _____