



2012 ANNUAL SPONSORSHIP OPPORTUNITIES

HCANJ Annual Sponsorships are an outstanding marketing opportunity that will position you as a leader in the long term care industry while showing your support of HCANJ.

\$5,000 ANNUAL GOLD SPONSORSHIP

Sponsors receive one free exhibit space at...

- ▶ **HCANJ Annual State Administrator's 20-Hour Symposium & Mini-Expo** (500 attendees; 50+ exhibits)
March 19 (set-up evening), 20, 21, 22, 2012 Trump Plaza Hotel & Casino Resort, Atlantic City, NJ
- ▶ **HCANJ Annual State Assisted Living Conference & Mini-Expo** (300 attendees; 50+ exhibits)
May 2012 (dates to be announced) Ocean Place Resort & Spa, Long Branch, NJ
- ▶ **HCANJ Annual State Health Care Convention / Expo** (3,000+ attendees; 260+ exhibits)
October 22 (set-up day), 23, 24, 25, 2012 Trump Taj Mahal Casino Resort, Atlantic City, NJ

Sponsors will also receive...

- ▶ Promotional mention in conference literature prior to, during and post events
- ▶ Recognition on HCANJ web-site, February through December, 2012 (flashing ad links from our home page to yours)
- ▶ Full Gold Page advertisement in *Annual Journal and Directory Buyer's Guide 2012*
- ▶ Event recognition signage and ribbons

\$10,000 ANNUAL PLATINUM SPONSORSHIP

*Sponsors receive all of the above **PLUS...***

- ▶ **One additional free exhibit space at the HCANJ Annual State Convention/Expo-October 2012**
- ▶ **Associate Membership for 2012**
- ▶ **Opportunity to speak to HCANJ general membership at a monthly meeting**
- ▶ **Hole Sponsorship at Annual HCANJ Golf Outing Monday, October 22, 2012**

MAIL THIS FORM & PAYMENT TO: HCANJ, 4 AAA Drive, Suite 203, Hamilton, NJ 08691-1813

Company Name _____

Company Address _____

Company Phone _____ Fax _____ E-Mail _____

PAYMENT METHOD: Check or Money Order for \$ 5,000 \$ 10,000 enclosed (made payable to HCANJ)

OR Please charge account below for \$ 5,000 \$ 10,000

MasterCard Visa American Express Card No. _____ CV2# _____

*the CV2# is the additional black digit number listed on the front or back of your credit card (i.e., 4874 284)

Print Cardholder Name _____ Cardholder Signature _____

Expiration Date _____ Cardholder Phone _____

If paying by check, please mail this form with your payment. If paying by credit card, you may fax this completed form to HCANJ
Fax: 609-584-1047. In order to avoid duplicate registration & charges, please do not mail and fax.

Questions? Carol Rogers, HCANJ Director, Education & Convention Services Ph.: 609-890-8700 E-mail: carol@hcanj.org

**HCANJ Annual Sponsorships 2012 are limited to the first 50 businesses that
contract with payment in full by February 1, 2012.**