

Navigating Through Care Transitions

Improving Continuity of Care

APRIL 19 & 20, 2017
Coeur d'Alene Resort, Coeur d'Alene, ID

Sponsorship Form

Please return the enclosed sponsorship form along with your check to:

Northwest Hospital Alliance, Attn: Caryl Johnston, Director
2003 Kootenai Health Way, Coeur d'Alene, ID 83814

Please make checks payable to: The Northwest Hospital Alliance.

For questions call (208) 625-4138 or email nwhospitalalliance@gmail.com.

Please send your high-resolution logo to:

nwhospitalalliance@gmail.com

Northwest Hospital Alliance Tax ID: 20-5858771 (See attached W-9)

Sponsorships and logos must be received by 5 PM on Friday, March 3, 2017.

Sponsorship Level (Check One)

- Platinum Package: \$5,000
- Gold Package: \$2,500
- Silver Package: \$1,000
- Exhibitor Only: \$500

First Name:	Last Name:	
Title:	Company:	
Address:		
City:	State:	Zip:
Phone:	Email:	