



## 2017 Associate Member Application & Sponsorship Opportunities

Thank you for supporting LeadingAge Indiana and your commitment to our mission—assisting our members to provide the highest quality of life for those they serve. Please complete the form and send to Jennifer Clark at [jclark@leadingageindiana.org](mailto:jclark@leadingageindiana.org) or fax it to 317-733-2385.

Company: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Full Address: \_\_\_\_\_

Website: \_\_\_\_\_

### Company Directory Description

Please provide a 50 word maximum description of your company's products/services. You may either attach the description or email it to [jclark@leadingageindiana.org](mailto:jclark@leadingageindiana.org). Additionally, please indicate your business specialty. *Your description, specialty, primary contact, phone and website will be included in the 2017 LeadingAge Indiana Directory.*

- |  |   |
|--|---|
| <input type="checkbox"/> Accounting & Billing                      | <input type="checkbox"/> Legal  |
| <input type="checkbox"/> Architectural, Construction & Engineering | <input type="checkbox"/> Medical Services                               |
| <input type="checkbox"/> Consultants & Misc.                       | <input type="checkbox"/> Pharmacy                                       |
| <input type="checkbox"/> Financial                                 | <input type="checkbox"/> Supplies: Medical, Housekeeping, Environmental |
| <input type="checkbox"/> Food Service & Dietary                    | <input type="checkbox"/> Technology                                     |
| <input type="checkbox"/> Insurance                                 | <input type="checkbox"/> Therapy & Resident Services                    |
| <input type="checkbox"/> Other                                     |   |

### Membership Level Selection

- |   |         |   |         |
|---|---------|---|---------|
| <input type="checkbox"/> Basic Associate Membership | \$725   | <input type="checkbox"/> Plus Membership    | \$1,200 |
| <input type="checkbox"/> Enhanced Membership        | \$2,000 | <input type="checkbox"/> Premier Membership | \$3,500 |

MEMBER LEVEL BENEFITS	BASIC	PLUS	ENHANCED	PREMIER
Online & Print Directory Listing	✓	✓	✓	✓
LeadingAge IN Digital Member Badge	✓	✓	✓	✓
eNewsBriefs Subscription	✓	✓	✓	✓
Article Submission for eNews	✓	✓	✓	✓
Member Rates for Events	✓	✓	✓	✓
Provider Mailing List & <b>Key Contact Emails (NEW!)</b>	✓	✓	✓	✓
Committee Participation	✓	✓	✓	✓
Company Link/Logo in One Issue of eNews		✓	✓	✓
Social Media Promotion		✓	✓	✓
Member of the Month Spotlight on Homepage			✓	✓
One Trade Show Booth & Two Lunch Tickets for Spring			✓	✓
Company Profile in One issue of eNewsBriefs				✓
Company Link/Logo in Each Issue of eNewsBriefs				✓
Board Meeting Sponsorship (10-minute presentation)* *Eight per year-first come, first serve based on dues payment				✓



## 2017 Sponsorship Opportunities

Spring Conference	Other Opportunities	Fall Conference
<input type="checkbox"/> Diamond: \$4,500 <input type="checkbox"/> Trade Show: \$3,000 <input type="checkbox"/> Platinum: \$2,000 <input type="checkbox"/> Awards: \$2,000 <input type="checkbox"/> Reception: \$2,000 <input type="checkbox"/> Idea Accelerator: \$1,500 <input type="checkbox"/> Executive Breakfast: \$1,500 <input type="checkbox"/> Mobile Sponsor: \$1,500 <input type="checkbox"/> Hydration Sponsor: \$1,500 <input type="checkbox"/> Recharge Station Sponsor: \$300 <b>Conference Guide Advertising</b> <input type="checkbox"/> Full Page Ad: \$250 <input type="checkbox"/> Half Page Ad: \$150 <input type="checkbox"/> Quarter Page Ad: \$100 <b>Spring Trade Show Booth</b> <input type="checkbox"/> _____ X \$595 = _____ <input type="checkbox"/> I am an Enhanced/Premier Member: Booth included in membership	<b>Nurses' Leader Summit</b> <input type="checkbox"/> Diamond: \$1,500 <input type="checkbox"/> Platinum: \$1,000 <input type="checkbox"/> Gold: \$450 <input type="checkbox"/> Silver: \$300 <b>Quarterly Compliance</b> <i>(3 sessions available)</i> <input type="checkbox"/> Sponsor: \$1,000 <input type="checkbox"/> Booth Exhibitor: \$250 <b>Reimbursement Day</b> <input type="checkbox"/> Title Sponsor: \$1,000 <input type="checkbox"/> Booth Exhibitor: \$250 <b>Workforce Summit</b> <input type="checkbox"/> Title Sponsor: \$1,000 <input type="checkbox"/> Booth Exhibitor: \$250 <b>Webinar Series</b> <input type="checkbox"/> Notify me when available	<input type="checkbox"/> Platinum: \$2,000 <input type="checkbox"/> Town Hall Lunch: \$2,000 <input type="checkbox"/> INALA Gold: \$1,000 <input type="checkbox"/> Mobile Sponsor: \$1,000 <input type="checkbox"/> Silver: \$1,000 <input type="checkbox"/> PreConference Sponsor: \$1,000 <input type="checkbox"/> Business Meeting Sponsor: \$750 <input type="checkbox"/> Booth Exhibitor: \$550 <input type="checkbox"/> Refreshment Break Sponsor: \$500 <input type="checkbox"/> Recharge Station Sponsor: \$300 <b>Bonus Opportunities</b> <input type="checkbox"/> Education Mailing: \$750 (4 available) <input type="checkbox"/> Conference Pack Collateral: \$75 (3 per conference) <b>In-Kind Sponsorships</b> <input type="checkbox"/> To be negotiated with LeadingAge Indiana

### Sponsorship Contact

*\*Please note: This contact will receive all information pertaining to sponsorships. This does **NOT** have to be the representative for a particular sponsorship or the company's primary membership contact. As the date of your sponsorship nears, the sponsorship contact will receive a form to fill out all day-of information, including the representative attending the specific event.*

Same as primary membership contact     Printed Below

Company Name: \_\_\_\_\_

Sponsorship Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Payment Information

*\*Please note: Membership benefits, including sponsorship opportunities, begin upon receipt of dues payment. Please refer to the Sponsorship Guide or the LeadingAge Indiana Website for the sponsorship cancellation and refund policy.*

**Total from Membership + Sponsorships: \$** \_\_\_\_\_

Invoice Me     Check     Mastercard     Visa     AMEX    Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Credit Card Billing Address:     Same as Company     Printed Below



## 2017 Committee Interest Form

Are you interested in getting the most out of your LeadingAge Indiana membership? As a member, you have the opportunity to participate in LeadingAge Indiana Committees. Individual representatives from your company can choose which committee they would like to be a part of based on their interests and specialties.

Serving on one of eight committees may be for you, your staff or your colleagues. Read below for committee descriptions, and fill out the bottom portion to show your interest.

### **Associate Member Shared Interest Group (SIG)**

This committee meets to network with other vendors in the profession, receive updates on what LeadingAge Indiana is doing with public policy and receive the inside scoop on provider needs and association events.

### **Awards**

The awards committee determines award categories, secures nominations from the membership and selects winners for the Annual Awards Program. They meet once per year.

### **Education**

This committee plans, organizes and implements, in conjunction with LeadingAge Indiana staff, LeadingAge educational programs and educational content for the spring and fall conferences. They meet four times per year.

### **Human Resources**

The human resources committee's intent is to provide resources and support on issues related to personnel and human resource development within the context of long term care. Members also have the opportunity to share best practices. Within the committee, legal and professional consultants share information as well. The human resources committee meets twice per year.

### **Housing**

This committee is designed to address member needs for those who are involved in low-income subsidized apartments for the elderly. Typically, a representative from Indiana Quadel participates, with HUD staff invited. This is a great opportunity for networking and sharing ideas, programs and resources. The committee meets two times per year.

### **Reimbursement**

The reimbursement committee identifies issues related to the Medicaid case mix reimbursement system and the Medicare Prospective Payment System. They also help develop appropriate LeadingAge Indiana responses. They meet on an as-needed basis.

### **Nursing SIG**

This committee group meets to discuss topics centered on clinical and regulatory issues, quality improvement, leadership and culture change. The Nursing SIG meets quarterly.

### **Billing**

The billing committee is designed to address member needs with Medicaid, Medicare and primary insurance billing. They share and obtain information from peers as well as representatives from insurers. The committee meets three times per year.

### **Committee Interest**

Company: \_\_\_\_\_

- |   |                         |              |
|---|-------------------------|--------------|
| <input type="checkbox"/> Awards           | Participant Name: _____ | Email: _____ |
| <input type="checkbox"/> Education        | Participant Name: _____ | Email: _____ |
| <input type="checkbox"/> Reimbursement    | Participant Name: _____ | Email: _____ |
| <input type="checkbox"/> Billing          | Participant Name: _____ | Email: _____ |
| <input type="checkbox"/> Housing          | Participant Name: _____ | Email: _____ |
| <input type="checkbox"/> Human Resources  | Participant Name: _____ | Email: _____ |
| <input type="checkbox"/> Nursing          | Participant Name: _____ | Email: _____ |
| <input type="checkbox"/> Associate Member | Participant Name: _____ | Email: _____ |

\* Please email your form to [asullivan@leadingageindiana.org](mailto:asullivan@leadingageindiana.org) or mail/fax it to the information at the bottom of the page. You can also fill out an online form at <https://form.jotform.com/63136044137954>.