

The Ohio Academy of Nursing Homes, Inc. 2011 Premier Partners Program Application



1) Contact Information

Company name _____

Address _____ City/State/Zip _____

Phone number _____ Fax number _____

Contact person _____ Title _____

Direct phone _____ Email _____

Website _____

2) The Academy would provide the following promotional opportunities to Premier Partners:

- a lottery process for one vendor to provide a 10-15 minute in-person presentation to the OANH Board of Directors during meeting months
- a one page flyer faxed to all members annually
- a minimum of two company feature stories annually in *The Academy Weekly* (250 words max.)
- logo/link in each edition of *The Academy Weekly*
- logo/link on the homepage of the Academy website www.oanh.org
- Premier Partners group promotional piece in the bi-annual *Academy Advocate* (separate individual company advertising fees apply)
- Premier Partners group promotional piece in the annual *Membership Directory* (separate individual company advertising fees apply)
- group exposure as Premier Partners in all promotional material for the 2011 Golf Outing
- special recognition at the 2011 Annual Convention & Trade Show
- free prize card sponsorship for the 2011 Annual Convention & Trade Show
- membership lists as requested in electronic format



Helping innovative long-term care professionals provide quality health care to Ohioans.

3) Roles and Responsibilities:

- Premier Partners must pay an annual program fee of \$5,000 (includes your 2011 associate membership dues)
- payment in full due with application
- exclusivity provisions for similar products and industries will not apply
- Premier Partners Program is not an endorsement program

I agree that the fee is non-refundable, and that OANH will only run the above-referenced promotional pieces upon full receipt of payment. The Academy reserves the right to terminate or refuse any request of a member that is not in good standing at any time, for reason including but not limited to, nonpayment of dues or nonpayment of convention fees or other assessments. Please include payment (check or money order) with your completed application. By signing this application you are agreeing to the fee and terms set forth herein.

Credit Card (If you'd like to pay by credit card, please call the Academy at 614/461-1922 or 800/999-6264.
The Academy accepts all major credit cards.)

Check # _____

Money Order

Signature _____

Title _____

Date _____

Remit with payment to:

The Ohio Academy of Nursing Homes, Inc.
Two Miranova Place, Ste. 390
Columbus, OH 43215
Phone: 614/461-1922; 800/999-6264
Fax: 614/461-0434
Email: cneal@oanh.org
Website: www.oanh.org
Victoria Gresh, Executive Director

* Email your company logo in JPG or PDF format to cneal@oanh.org