

Sponsorship Packages

Santa Barbara Association
Of Health Underwriters
2009

MISSION STATEMENT

To promote fair and ethical industry practices and support Central Coast health insurance professionals in educating themselves, serving their clients, and advocating on the public's behalf.



SPONSORSHIP & ADVERTISING RATES

Health Happenings newsletter is published bi-monthly September through June (5 issues)

Platinum Sponsor

\$1,500 annually

- Full page in two newsletters
- Signage display & podium time (2-3 minutes) at the member meetings
- Newsletter – logo & listing (name, email & phone number) in newsletter all year
- Logo on SBAHU website and direct link to sponsor's website
- Member prices for all lunch and CE events for all company employees
- Full page ad in Annual Membership Directory
- Tee Sign and Recognition at Golf Tournament (\$250 value)
- Two places for golf players (\$300 Value)
- A contribution will be made in your name to the Annual Holiday Charity in the amount of \$50.00

Interested in sponsoring a monthly luncheon meeting?

For **\$500**, lunch sponsorships may be available during the year.

- The Sponsor will have the opportunity to make an announcement and display their materials.
- The Sponsor will also be highlighted in that month's newsletter, as well as the meeting reminder.

Can you bring a PAC Raffle Prize to one of our Membership Luncheons?

Help boost PAC raffle ticket sales by providing a gift for our PAC raffle.

- The Sponsor will be recognized at the meeting as well as in our reminder.



Please mark boxes and remit check payable to: SBAHU

- Platinum Sponsor** **\$1,500**
Please select the charity: **Santa Barbara Cottage Hospital – Pediatric Ward**
 Good Samaritan Services, Inc.

- General Meeting Lunch Sponsorship** **\$500**
Month interested in Sponsoring: _____

- PAC Raffle Prize Sponsorship** (gift value approximately) \$25
Month interested in providing a PAC prize for: _____

Name: _____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Please mail a copy of your sponsorship election along with your sponsorship money to:

SBAHU
P.O. Box 30654
Santa Barbara, CA 93130

If you have any questions contact:

Melissa Vang, SBAHU Sponsorships Chair – mvang@beneflexsb.com

Newsletter Advertising

The Santa Barbara Association of Health Underwriters publishes a bimonthly newsletter, "Health Happenings". Your company can reserve ad space in two issues or all five of the newsletters. This newsletter goes out to the entire membership along with being available to the public.

You are authorized to insert the advertising of _____ (hereafter referred to as "Advertiser") in the SBAHU Newsletter, the official publication of the Santa Barbara Association of Health Underwriters (hereafter referred to as "Publisher"), as indicated in the insertion instructions below:

Yes, I would like to advertise in the SBAHU Newsletter for the 2009/2010 Association year:

Name: _____

Company Name: _____

Address: _____

Phone / Fax: _____

Email: _____

Ad Size*	Size*	Two Email Issues*	Electronic "Five Pack"*
Full-Page	7 ½ x 10	\$250	\$475
½ -Page	7 ½ x 5	\$150	\$375

Ad Size: Full Page 7½ x 10 Half Page 7½ x 5

Two Issues*: Full Page 7½ x 10 Half Page 7½ x 5
 * (please note that there is a minimum of two ads)

Electronic Five Pack: Full Page 7½x 10 Half Page 7½ x 5

First Insertion (indicate month of first issue, two ad minimum): _____

Total Contract Amount: \$ _____

Special Notes or Provisions:

Website Advertising

If you wish to place an ad on SBAHU's website, your ad will be visible on the home page and all main pages on this site. Your ad will be visible by healthcare insurance agents who will appreciate your support of an association they value and rely upon.

Advertising Options:

Square Button Ads

Ads are placed prominently on every page of SBAHU's website on the right Hand side. Your ad will also be a link to your website. Ads will be rotated. Flashing or animated ads are not accepted.



Half Banner Ads

Larger Ads placed on the bottom of each Main Page on the site. Ads will be rotated. Flashing or animated ads are not accepted.



AD TYPE	MONTHLY CHARGE	TOTAL
<input type="checkbox"/> Square Button AD w/ URL Link 125 x 125 pixels	\$100 x _____ months =	\$ _____
<input type="checkbox"/> Half Banner Ad w/ URL Link	\$175 x _____ months =	\$ _____

GRAND TOTAL: \$ _____

CONTACT INFORMATION

Advertiser		Ad Agency	
Contact Name		Phone	
Mailing Address		FAX	
City/State Zip		Email	

PAYMENT INFORMATION

Payment Type (Circle)	Check / Mastercard / VISA / AMEX /		
Check or card number		Exp.	V-Code
Billing Name and Address			
City/State Zip			