



PARTNERSHIP PROGRAM

The Omaha Association of Health Underwriters (OAHU) offers a variety of top quality continuing education programs and other membership events throughout the year. The organization also offers several networking opportunities for members to connect with one another. The OAHU recently was honored by NAHU with the prestigious Pacesetter Award for outstanding achievement and excellence in serving its members and the industry.

Now, OAHU is pleased to provide a variety of cost-effective “Partnership” opportunities designed to give your firm a strong presence and visibility at all programs and events throughout the year!

Partnership Benefit	Gold Partner	Silver Partner	Bronze Partner
Sponsorship recognition in annual golf outing	✓ (includes one foursome)	✓	✓
Firm's name and logo on OAHU website for 12 months	✓	✓	✓
Recognition in 12 issues of OAHU newsletter	✓	✓	✓
One complimentary registration to all OAHU meetings	✓	✓	
Opportunity to display company marketing materials at all OAHU meetings	✓	✓	
Featured sponsor at an OAHU meeting	✓		
Opportunity to make brief (3-5 minutes) remarks at a featured meeting	✓		
Company display booth at featured meeting	✓		
One set of membership labels	✓		
Partner Investment	\$2,500	\$1,000	\$500



OMAHA ASSOCIATION OF HEALTH UNDERWRITERS

PARTNERSHIP PROGRAM

P.O. Box 24133 • Omaha, NE 68124

Phone: (402) 397-0280 • Fax: (402) 397-0283

E-mail: oahu@cam-omaha.com • Website: www.oahuonline.org

SPONSORSHIP COMMITMENT FORM

GOLD - \$2,500* SILVER - \$1,000 BRONZE - \$500

Company Name _____

Local Contact _____

Address _____

City _____ State _____ ZIP _____

Phone _____ FAX _____

E-mail _____

Company Website _____

Signature of Company Representative _____ Date _____

PAYMENT OPTIONS

Choose One:

Enclosed is our check in the amount of \$ _____

Please invoice me for \$ _____

Please charge \$ _____ to the following credit card:

Mastercard/VISA/America Express Number _____

Expiration Date _____

Name as it appears on credit card _____

Billing address of credit card (address, city, state, ZIP) _____

Upon receipt of this form, you will be contacted by a representative of OAHU to discuss arrangements for fulfillment of your Partnership Benefits package.

Thank you for your commitment to and support of the Omaha Association of Health Underwriters.

If you have any questions or concerns, please do not hesitate to contact us at the OAHU office, managed by Creative Association Management Co., at (402) 397-0280 or oahu@cam-omaha.com.