

YOUR AHCA/AALA
**MEMBER
BENEFITS**
AT A GLANCE



Associate Membership

ABOUT AHCA /AALA

Established in 1951, the Arkansas Health Care Association (AHCA) is the state's largest organization of long term care providers, representing skilled nursing facilities in Arkansas. Partnered with the Arkansas Assisted Living Association (AALA), that represents assisted living facilities and residential care facilities, AHCA & AALA represent the majority of licensed long term care facilities in Arkansas. AHCA/AALA is the voice of quality long term care in Arkansas.

ABOUT ASSOCIATE MEMBERSHIP

Associate Membership allows organizations that supply goods and/or services to long term care facilities to be Members of AHCA/AALA. Applications must be approved by the AHCA Board of Directors. New Associate Members must be sponsored by a Member (Facility) Owner or Administrator in good standing. Associate Membership costs \$1,000 per calendar year. Membership must be paid in full at the time that the application is submitted.

BENEFITS OF ASSOCIATE MEMBERSHIP

- **Reduced Trade Show Booth** – Whether virtual or in-person, more information will follow as it becomes available.
- **Annual Directory & Buyers Guide** – Associate Members receive a complimentary copy of the 2021 Directory of Arkansas Long Term Care Facilities & Buyers Guide and will be listed in the directory as an Associate Member. Associate Members also have the opportunity to purchase advertising space in the directory.
- **Membership Communication** – Associate Members are included on the AHCA/AALA membership mailing list to be notified of meetings and events sponsored by AHCA/AALA throughout the year, as well as, our eNewsletter.
- **Event Pricing** – Associate Members may attend any of our educational seminars, workshops and events at the Member rate.
- **Membership Certificate** – Associate Members will receive a Certificate of Membership to display upon approval by the AHCA Board of Directors.

SPONSORSHIP

The Association also offers a sponsorship program for organizations that supply goods and/or services to long term care facilities. Levels of sponsorship range from \$3,000 - \$50,000 per calendar year and include a number of different benefits. All levels of sponsorship include Associate Membership and a booth at the Trade Show.

For more information or questions contact

Stacey Ellis
Director of Education & Events

sellis@arhealthcare.com

Phone: 501-374-4422



2021 Associate Membership Application

CONTACT INFORMATION:

(This information will be printed in the AHCA/AALA Directory & Buyers Guide if received by deadline.)

Company Name: _____

Company Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Website: _____

Contact Person & Title: _____

Email Address: _____

Facebook Page: _____

Twitter Page: _____

LinkedIn Page: _____

Instagram Page: _____

Description of your Company's products or services:
(Attach additional page if necessary.)

• • • • •

Tax ID: _____

Associate Membership Renewal for 2021

New Associate Membership Application

(New members must be sponsored by a Member
(Facility) Owner or Administrator.)

Sponsor Name: _____

(Required for New Members.)

Signature of Applicant

Date

ADDITIONAL CONTACTS:

1. Contact Name: _____

Cell Phone: _____

Email Address: _____

Address (if different): _____

2. Contact Name: _____

Cell Phone: _____

Email Address: _____

Address (if different): _____

3. Contact Name: _____

Cell Phone: _____

Email Address: _____

Address (if different): _____

PAYMENT (\$1,000 per calendar year)

Check

Visa MasterCard American Express

Name on card: _____

CC#: _____ - _____ - _____

V-Code: _____ Exp. Date: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Signature: _____

Email Credit Card Receipt to:

PLEASE RETURN FORM TO:

Arkansas Health Care Association

Attn: Stacey Ellis

1401 W. Capitol Avenue, Suite 180

Little Rock, AR 72201

sellis@arhealthcare.com | fax: (501) 374-1077

*Must be received no later than 2/16/21 to be listed in
the AHCA/AALA Directory & Buyers Guide.



SPONSORSHIP PROGRAM BENEFITS

All sponsorships include the annual Associate Membership dues (\$1,000).

	Diamond \$50,000	Platinum \$25,000	Gold \$15,000	Silver \$10,000	Bronze \$5,000	Copper \$3,000
EVENTS						
Booth at In-Person Event	20' x 20'	20' x 20'	10' x 10'	10' x 10'	10' x 10'	10' x 10'
Registration for In-Person Event	Up to 8	Up to 6	Up to 4	Up to 2	Up to 2	Up to 2
Recognition in event agenda	√	√	√	√	√	√
Invitation to Owners/Sponsor Reception	√	√	√	√	√	√
Name Badge Ribbons designating sponsor level	√	√	√	√	√	√
AHCA sponsored doorprize	\$1,000	\$250	\$150	\$100	\$50	
Logo on Trade Show Bags	√	√	√			
Opportunity to provide promotional items to distribute to event attendees	√					
Logoed hotel room keys	√					
EDUCATION						
Recognition in promotional materials	√	√	√	√	√	√
Recognition in Registration materials for all classes and trainings	√	√	√	√	√	√
Recognition on signage or impression for each education event in person and virtual	√	√	√	√	√	√
Participation in Caregiver Awards Celebration	Up to 6	Up to 4	Up to 3	Up to 2	Up to 2	1
Opportunity for 10 minute presentation at a board meeting	√	√	√			
Opportunity to sponsor speaker at in-person event	√					
ADVERTISING						
Ad in AHCA / AALA Directory & Buyers Guide	Full Page Tab	Full Page	Full Page	1/2 Page	1/3 Page	1/4 Page
Recognition in AHCA/AALA eNewsletter	√	√	√	√	√	√
Recognition in Board Packet	√	√	√	√	√	√
Recognition in AHCA/AALA Magazine	√	√	√	√	√	√
Recognition on Website and in social media	√	√	√	√	√	√

OTHER NOTES

Recognition during COVID-19 updates.

Sponsors may attend AHCA/AALA events and classes at AHCA/AALA Member rate.

All Sponsors are welcome to attend in-person board meetings.

Sponsors may purchase additional advertising space in the annual directory for a fee.

2021 Sponsorship Application

CONTACT INFORMATION:

(This information will be printed in the AHCA/AALA Directory & Buyers Guide if received by deadline.)

Company Name: _____

Company Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Website: _____

Contact Person & Title: _____

Email Address: _____

Facebook Page: _____

Twitter Page: _____

LinkedIn Page: _____

Instagram Page: _____

Description of your Company's products or services:
(Attach additional page if necessary.)

SPONSORSHIP LEVEL

*All levels include Associate Membership

- | | |
|--|--|
| <input type="checkbox"/> Diamond – \$50,000 | <input type="checkbox"/> Silver – \$10,000 |
| <input type="checkbox"/> Platinum – \$25,000 | <input type="checkbox"/> Bronze – \$5,000 |
| <input type="checkbox"/> Gold – \$15,000 | <input type="checkbox"/> Copper – \$3,000 |

Tax ID: _____

Sponsorship Renewal for 2021

New Sponsorship Application

(New members must be sponsored by a Member (Facility) Owner or Administrator.)

Sponsor Name: _____
(Required for New Members.)

Signature of Applicant

Date

ADDITIONAL CONTACTS:

1. Contact Name: _____

Cell Phone: _____

Email Address: _____

Address (if different): _____

2. Contact Name: _____

Cell Phone: _____

Email Address: _____

Address (if different): _____

3. Contact Name: _____

Cell Phone: _____

Email Address: _____

Address (if different): _____

PAYMENT

Check

Visa MasterCard American Express

Name on card: _____

CC#: _____ - _____ - _____ - _____

V-Code: _____ Exp. Date: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Signature: _____

Email Credit Card Receipt to:

PLEASE RETURN FORM TO:

Arkansas Health Care Association

Attn: Stacey Ellis

1401 W. Capitol Avenue, Suite 180

Little Rock, AR 72201

sellis@arhealthcare.com | fax: (501) 374-1077

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ADVERTISING INFORMATION

2021 Directory of Arkansas Long Term Care Facilities & Buyers Guide

MEMBERSHIP RATES

Standard Positions:

- Full Page: \$950
- Half Page: \$650
- Third Page: \$450
- Fourth Page: \$350

Premium Positions:

- Back Cover: \$3,200
- Inside Front Cover: \$2,500
- Inside Back Cover: \$2,500
- Tab Full Page: \$1,490

AD SIZES

Full Page

- Live Area: 7.5"w by 10"d
- Trim Size: 8.5"w by 11"d
- Bleed Size: 8.75"w by 11.25"d

Back Cover

- Live Area: 7.5"w by 10"d
- Trim Size: 8.5"w by 11"d
- Bleed Size: 8.75"w by 11.25"d

Half Page (Horizontal)

- 7.5"w by 4.875"d

Third Page (Vertical)

- 2.375"w by 10"d

Fourth Page

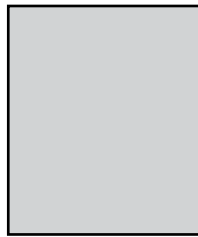
- 3.75"w by 4.875"d



1401 W. Capitol Avenue, Suite 180
Little Rock, AR 72201
501.374.4422
www.arhealthcare.com

DEADLINES

Print-ready PDF advertisement due February 16, 2021. All ads must be sent to Stacey Ellis at sellis@arhealthcare.com. Premium positions are available on a first come, first serve basis. All spaces must be reserved with a completed advertising agreement to reserve space.



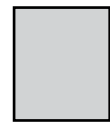
FULL PAGE



HALF PAGE



THIRD PAGE



FOURTH PAGE

AHCA/AALA SPONSORS

The following ad space is included with sponsorship for the following levels:

Diamond: \$50,000 (Tab Full Page)

Platinum: \$25,000 (Full Page)

Gold: \$15,000 (Full Page)

Silver: \$10,000 (Half Page)

Bronze: \$5,000 (Third Page)

Copper: \$3,000 (Fourth Page)

Sponsors who choose to upgrade the ad size included in their sponsorship package must pay the difference in the cost.

AHCA/AALA ASSOCIATE MEMBERS

Associate Members may purchase ad space at Member Rates. Advertising is exclusive to Members of AHCA/AALA – no exceptions.

If you would like assistance in creating your ad, please contact us. Assistance with ad production is available at an hourly rate. If you require assistance, please notify Stacey Ellis no later than February 9, 2021.

PLEASE RETURN FORM & ARTWORK BY 2/16/21 TO:

Arkansas Health Care Association
Attn: Stacey Ellis
1401 W. Capitol Avenue, Suite 180
Little Rock, AR 72201

sellis@arhealthcare.com | fax: 501.374.1077

ADVERTISING INFORMATION

2021 Directory of Arkansas Long Term Care Facilities & Buyers Guide

Organization: _____ Contact: _____

Telephone: _____ Email: _____

This agreement is for one insertion in the 2021 Directory of Arkansas Long Term Care Facilities & Buyers Guide.

POSITION

Standard Positions:

_____ Fourth Page _____ Third Page (Vertical) _____ Half Page (Horizontal) _____ Full Page

Premium Positions (not guaranteed):

_____ Back Cover _____ Inside Front Cover _____ Inside Back Cover _____ Tab Full Page

ADVERTISEMENT

_____ Please pick up my artwork from last year.

_____ Please help me create an ad.

_____ Artwork will be sent prior to the February 16, 2021 deadline.

PAYMENT

_____ Advertisement Included in Sponsorship

_____ Upgrading Advertisement Included in Sponsorship

_____ Purchasing Ad Space

Total: \$ _____

Check Visa MasterCard AmEx

Card Number: _____

Cardholder Name: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Signature: _____

Email Credit Card Receipt to:



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Friends of the Association,

While 2020 didn't go according to plan, we hope our Sponsors and Associate Members found value in being an integral part of AHCA/AAALA.

As we enter our 70th year, your continued partnership is more important than ever and will help us represent 90% of all long-term care facilities in Arkansas. During this unprecedented time, we are working behind the scenes through legislative and task force efforts, education, grassroots advocacy and much more. Our facilities and health care workers continue to battle the front line of the COVID-19 pandemic. Each company plays a vital role in the success of the Association and the facilities we represent. With your help we will continue to be the voice of quality long term care in Arkansas.

While things may not be quite back to "normal" in 2021, AHCA Associate Members will continue to receive discounted rates for trainings and events throughout the year. Our Sponsors will also receive those same discounts, in addition to a number of other benefits depending the level chosen. Levels range from Copper Sponsorship at \$3,000 to Diamond at \$50,000 and multiple points between. There is opportunity for every company to become involved at every budget size.

AHCA sincerely appreciates your valued support and looks forward to working with you in 2021.

Kind Regards,

A handwritten signature in black ink that reads "Rachel Bunch".

Rachel Bunch

Executive Director

Arkansas Health Care Association

Arkansas Assisted Living Association

**PROUD TO HAVE YOU
ON OUR TEAM**

Register by visiting

www.eventleaf.com/AHCAAALAAssociateMembershipSponsorshipApplication