



National Alliance for Medicaid in Education, Inc.

**National Alliance for Medicaid in Education (NAME)
Application for 2025-2026 NAME Sponsorship**

NAME Diamond Sponsor \$15,000

- Sponsor display booth (optional) with priority placement in traffic flow.
- Signage at registration desk indicating your sponsorship level.
- Mobile Application NAME Conference Program Diamond Sponsor Benefits:
 - Logos will be listed first and in order of payment received.
 - 500-word profile (company bio).
 - Company flyer or other document in a PDF, DOC, DOCX, PPTX, XLS or XLSX file.
- Acknowledgement from the podium as a Diamond Sponsor.
- Option to speak for up to 10 minutes during NAME's Annual Conference about your organization and collaboration with NAME.
- Sponsor recognition throughout the Annual Conference via rolling PowerPoint (full page) during lunch and down time in room used for general sessions.
- Organizational Sponsor Ribbon for Annual Conference nametag.
- Six (6) complimentary Annual Conference registrations and NAME annual memberships.
- Recognition of sponsorship level when introduced for any breakout presentation.
- Annual Conference Attendee List in advance, updated weekly, beginning 3 weeks from conference.
- Individual phone calls with NAME's Executive Director to discuss emerging trends and issues.
- Annual e-mail to Friends of NAME distribution list (over 1200) with your company's information, including array of services, states currently served and other approved information.
- Guest column entry in Mark's Memo twice per year.
- Sponsor recognition on NAME website for an entire year (October – October) with priority placement.
- Two, one-hour virtual presentation time slots. NAME will promote your webinar by distributing the link via email and social media. Executive Director or designee will provide a welcome message.

NAME Platinum Sponsor \$10,000

- Sponsor display booth (optional) with priority placement.
- Mobile Application NAME Conference Program Platinum Sponsor Benefits:
 - Logos will be listed second and in order of payment received.
 - 500-word profile (company bio).
 - Company flyer or other document in a PDF, DOC, DOCX, PPTX, XLS or XLSX file.
- Acknowledgement from the podium as a Platinum Sponsor.
- Option to speak for up to 5 minutes during NAME's Annual Conference about your organization and collaboration with NAME.
- Sponsor recognition throughout the Annual Conference via rolling PowerPoint (full page) during lunch and down time in room used for general sessions.
- Organizational Sponsor Ribbon for Annual Conference nametag.
- Four (4) complimentary Annual Conference registrations and NAME annual memberships.
- Recognition of sponsorship level when introduced for any breakout presentation.
- Annual Conference Attendee List in advance, updated weekly, beginning 3 weeks from conference.
- Individual phone calls with NAME's Executive Director to discuss emerging trends and issues.
- Annual e-mail to Friends of NAME distribution list (over 1200) with your company's information, including array of services, states currently served and other approved information.
- Guest column entry in Mark's Memo once per year.
- Sponsor recognition on NAME website for an entire year (October – October).
- One, one-hour virtual presentation time slot. NAME will promote your webinar by distributing the link via email and social media. Executive Director or designee will provide a welcome message.

NAME Gold Sponsor \$5,000

- Sponsor display booth (optional).
- Mobile Application NAME Conference Program Gold Sponsor Benefits:
 - Logos will be listed third and in order of payment received.
 - 300-word profile (company bio).
- Acknowledgement from the podium as a Gold Sponsor.
- Sponsor recognition throughout the Annual Conference via rolling PowerPoint (half page) during lunch and down time in room used for general sessions.
- Organizational Sponsor Ribbon for Annual Conference name tag.
- Two (2) complimentary registrations for Annual Conference and NAME annual memberships.
- Recognition of sponsorship level when introduced for any breakout presentation.
- Annual Conference Attendee List in advance, updated weekly, beginning 2 weeks from conference.
- Sponsor recognition on NAME website for an entire year (October – October).

NAME Silver Sponsor \$3,500

- Sponsor display booth (optional).
- Mobile Application NAME Conference Program Silver Sponsor Benefits:
 - Logos will be listed fourth and in order of payment received.
 - 200-word profile (company bio).
- Acknowledgement from the podium as a Silver Sponsor.
- Sponsor recognition throughout the Annual Conference via rolling PowerPoint (quarter page) during lunch and down time in room used for general sessions.
- Organizational Sponsor Ribbon for Annual Conference nametag.
- One (1) complimentary registration for Annual Conference and NAME annual membership.
- Recognition of sponsorship level when introduced for any breakout presentation.
- Annual Conference Attendee List one week in advance of conference.
- Sponsor recognition on NAME website for an entire year (October – October).

NAME Bronze Sponsor \$2,000

- Sponsor display booth (optional).
- Mobile Application NAME Conference Program Bronze Sponsor Benefits:
 - Logos will be listed fifth and in order of payment received.
 - 200-word profile (company bio).
- Acknowledgement from the podium as a Bronze Sponsor.
- Sponsorship recognition throughout the Annual Conference via rolling PowerPoint during lunch and down time in room used for general sessions.
- Organizational Sponsor Ribbon for Annual Conference nametag.
- One (1) complimentary NAME registration.
- Sponsor recognition on NAME website for an entire year (October – October).

Other Opportunities

NAME is happy to accept inquiries for other sponsorship opportunities. Please contact Mark Smith at marksmith@medicaidforeducation.org or 614-301-4902.



Sponsorship Agreement: Terms and Conditions

I. Subject to National Alliance for Medicaid in Education, Inc. (NAME) Policies. This agreement, and any acknowledgment of sponsorship or marketing and promotional activities of the sponsor that relate to the sponsorship, is subject to all applicable NAME policies.

II. No Rights to NAME Logo. This agreement does not provide the sponsor with any rights to use NAME's organization logo. Approval for use of the logo must be separately obtained from the NAME Board of Directors.

III. Liability. Sponsor agrees to protect, indemnify, and hold harmless NAME, its officers, leadership team, and contracted agents from any and all liability, including claims, demands, losses, costs, damages, and expenses of every kind and description or damages to persons or property arising out of or in connection with or occurring during the course of this agreement. In turn, NAME agrees to hold harmless the sponsor, its officers, employees, and agents from any and all liability, including claims, demands, losses, costs, damages, and expenses of every kind and description or damages to persons or property arising out of the negligent act or omission of an officer, leadership team member or contract agent of NAME while acting within the scope of their duties.

IV. No Endorsement. This agreement shall not be construed or represented as an endorsement by NAME of the sponsor or sponsor's goods or services.

V. Acknowledgement of Sponsorship. This Agreement does allow the sponsor to acknowledge their current sponsorship of the NAME organization on their webpage and written materials. In turn, NAME may acknowledge the sponsor's support of the NAME organization on their webpage and written materials.

VI. No Partnership or Joint Venture. This Agreement does not constitute and shall not be construed as constituting a partnership or joint venture between the parties, and the parties shall be treated as independent entities in all respects.

VII. Gift Receipts. The sponsor agrees to notify NAME at the time of sponsorship payment if they intend to claim a charitable contribution deduction for the sponsorship so NAME can prepare the appropriate gift receipt.

VIII. Payment. Payment is due by **July 31, 2025**. Payment is to be mailed to NAME Treasurer at the address below.

IX. Logo. Please submit company logo in Vector format along with agreement to Treasurer.

Questions regarding sponsor levels, opportunities, or the terms & conditions should be directed to:

Mark Smith, Executive Director
marksmith@medicaidforeducation.org
614-301-4902

Payment:
Cindy Wilcox, Treasurer
National Alliance for Medicaid in Education
P.O. Box 847
Portales, NM 88130
treasurer@medicaidforeducation.org

Authorized Sponsor Signature

Date



Federal Tax ID # 20-1665471

NAME Membership Sponsorship Application

Sponsor/Business: _____

Point of Contact Name/Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Sponsorship level: ☐ Diamond ☐ Platinum ☐ Gold ☐ Silver ☐ Bronze

Member #1:

Name: _____

Title: _____

Email: _____

Member #2:

Name: _____

Title: _____

Email: _____

Member #3:

Name: _____

Title: _____

Email: _____

Member #4:

Name: _____

Title: _____

Email: _____

Member #5:

Name: _____

Title: _____

Email: _____

Member #6:

Name: _____

Title: _____

Email: _____

Please return form to:
Cindy J. Wilcox, NAME Treasurer
treasurer@medicaidforeducation.org