



Register Today
AAHomecare.org/StandUp

Attending or donating to Stand Up for Homecare strengthens AAHomecare's efforts to promote a positive image of the home medical equipment industry, help us raise public awareness of homecare's many benefits, and support consumer advocacy groups like United Spinal Association, ITEM Coalition, and Paralyzed Veterans of America – organizations that serve many of our patients, and are also effective allies on legislative and regulatory priorities. The campaign also provides funding for research that underpins our public policy work, and has helped us expand our network of grassroots advocates by thousands of new supporters.

Your support makes a difference for the industry!

AAHOMECARE
American Association for Homecare

Wednesday
March 27, 2024
5:30-7:00 PM

d.e.c. on dragon st.
1414 dragon st.
Dallas, TX 75207

Network with
Industry
Leaders &
Celebrate
Successes

STAND UP FOR HOMECARE

Connecting industry advocates for a good cause.



COMPANIES RECEIVE

- Logo on signage at event
- Sponsor recognition in show directory advertisement
- Recognition in email to Medtrade audience
- Logo on marketing in industry publications
- Recognition in AAHomecare's newsletter & website

\$4,000 Champion

- 10 event tickets

\$1,000 Advocate

- Four event tickets

INDIVIDUALS RECEIVE

\$500 Supporter

- Two event tickets
- Name on signage at event
- Recognition on AAHomecare Website

\$150 Patron

- One event ticket



Supporters

Prochant SuperCare

Media Supporters

HME Business HomeCare HME News

REGISTRATION

Name: _____ Email: _____

Company: _____

Individual Ticket \$150 Patron Ticket Number of Patron Tickets _____

Sponsorship \$500 Supporter \$1,000 Advocate \$4,000 Champion
 I will not be attending but would like to donate \$ _____

(For further information about sponsorships, contact Sue Mairena at Suem@aahomecare.org)

Payment:

- Check (made payable to AAHomecare) AMEX MASTERCARD
 I Authorize Charging my Credit Card VISA

Card Number: _____ Exp _____ CVV _____

Name on Card _____ Billing _____ Zip _____

Address _____

EMAIL this form to Tilly Gambill at tillyg@aahomecare.org

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Total Amount to be Charged

\$