



Iowa Association of Health Underwriters
Sponsor Registration and Agreement
2019 Annual Symposium

June 12-13, 2019

Gateway Hotel & Conference Center | Ames, IA

Sponsor Information

Company Name	
Contact Name & Title	
Address, City, State & Zip Code	
Contact Phone	
Contact Email	
Attendee/Rep Name & Title	
Attendee/Rep Phone	
Attendee/Rep Email	

Sponsor Commitment Level

Gold Silver Bronze Contact me to discuss A La Carte Items

Payment Method

Check	Make check payable to IAHU, mail to address listed below
Credit Card	<input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Discover
Card Number	
Expiration Date	
Security Code	
Billing Zip Code	
Name on Card	
Signature	

Agreement

We agree to abide by all rules and regulations governing the Symposium. Acceptance of this form by the Iowa Association of Health Underwriters constitutes a binding agreement between the parties.

Authorized By (Print Name)	
Signature	
Date	

Please return form and payment to:
 Casandra Mueller c/o BASE
 601 Visions Parkway, Adel, IA 50003
cmueller@baseonline.com
 P: 800-309-8012 ext 235 F: 888-560-7575