



## **BUSINESS PARTNER PROGRAM**

An Institutional member that has held membership with NAHCR for a minimum of one (1) year can become a Business Partner of NAHCR by entering into a business agreement that provides special financial benefits to NAHCR members for your services/product. In addition, this agreement may outline a percentage of your sales revenue (directly resulting from NAHCR business) that would come to NAHCR as a royalty detailed in a report quarterly to NAHCR. This agreement will be one year in duration with the option to extend on the anniversary date of its approval. The NAHCR Board of Directors will be responsible for reviewing and approving any Business Partner proposal submitted to NAHCR.

Benefits of the Business Partner Program include:

- Upon the Board approval of the Business Partner application, an announcement of the new partnership will be distributed via email to membership.
- The Business Partner is added to the template of the new member welcome email on the side bar.
- The Business Partner is added to the Business Partner location on the NAHCR website.
- A Business Partner flyer, with the logo of each Business Partner, is handed out at NAHCR's IMAGE Conferences.
- A Business Partner poster, with the logo of each Business Partner, is displayed at NAHCR's IMAGE Conferences.
- Business Partners are able to put promotional literature in registration packets at NAHCR's IMAGE Conferences.

Please complete the form below, noting any necessary attachments. Submissions should be sent to:

NAHCR  
P.O. Box 14365  
Lenexa, KS 66285-4365  
nahcr@goAMP.com

### **REPRESENTATIVE TO NAHCR - CONTACT INFORMATION**

Company Name: \_\_\_\_\_

Representative to NAHCR: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web Address: \_\_\_\_\_

PLEASE PROVIDE A DESCRIPTION OF YOUR COMPANY, PRODUCTS/SERVICES, AND THEY WILL BENEFIT NAHCR AND NAHCR MEMBERS.

ANY DISCLAIMERS OR QUALIFICATIONS OF THE PROPOSAL

DESCRIPTION OF HOW YOU WILL TRACK AND REPORT RESULTS OF PROGRAM TO NAHCR QUARTERLY

**SIGNATURES**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Start Date of Agreement: \_\_\_\_\_

End Date of Agreement: \_\_\_\_\_