The 2021 AHA Convention is Virtual and is online November 15-20. Sponsorship can come from Regions, Clubs, farms, businesses or individuals. We truly appreciate all of your help in making Convention successful! Please submit this form along with sponsorship no later than November 1, 2021 in order to receive the recognition as a sponsor.

Region/Club/Farm/Individual Sponsor name ________________________________________________________________________________ (Name to be used for all promotion)

Contact Name/Member Number __________________________________________________________________________________________

Address ____________________________________________________________E-Mail __________________________________________

City _________________________________________________State/Prov. _____________________Zip/Postal _________________________

Home # __________________________________ Work # ___________________________ Fax # ___________________________

**CONVENTION SPONSORSHIPS AND BENEFITS**

All sponsorship levels will help AHA with the expenses of the virtual convention.

______ UNBRIDLED - $1,000

This sponsorship includes recognition on the scrolling banner on the AHA Home page and slides during the Awards Ceremony, General Session and in the AHA Insider e-blasts.

______ FREESTYLE - $500

This sponsorship includes recognition on the scrolling banner on the AHA Home page and slides during the Awards Ceremony and General Session.

______ LIBERTY - $300

This sponsorship includes recognition on the AHA Convention Sponsorship webpage.

______ Other Amount

3% Convenience Fee will be added by AHA to payments made by Credit Card. The Convenience Fee charge does not apply if the customer submits payment by cash, check, or money order. ***

****Contact Courtney McLees at 303-696-4530****

<table>
<thead>
<tr>
<th>Method of Payment</th>
<th>Total Amount Due</th>
<th>Card Number/CVV#</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Check Enclosed/Payable to AHA™ – Check #____________</td>
<td>☐ MasterCard/Visa/Amex/Discover – Expiration Date ______</td>
<td>Credit Card Holder’s Signature</td>
</tr>
<tr>
<td>Credit Card Number /CVV#</td>
<td>Print Name (as it appears on credit card)</td>
<td>Credit Card Holder’s Billing Address (Street, City, State, Zip/Postal Code) (Mandatory)</td>
</tr>
</tbody>
</table>