

ASPHP Corporate Sponsorship Program and Benefits

Corporate Sponsorships for ASPHP are accepted on an annual basis.

Benefits:

- All current Corporate Sponsors will be acknowledged according to their level of support by a posting on the ASPHP website. This posting will feature the Sponsor's logo, company's description, and video clip of its product/service.
- A thank you email will be broadcast to SPHM community for new and renewed sponsorship.
- New sponsor contributions will also be announced in ASPHP's monthly newsletter.
- A complete list of sponsors will be included in each monthly newsletter.
- Sponsor's information will be included in our online *SPHM Equipment & Consultative Services* resource page.**
- A poster with all sponsors' logos will be showcased at the annual National SPHM Education Event at the registration area.
- Sponsors will be presented with an appreciation certificate at our Annual Membership Meeting.
- The ASPHP E-Blast Service offers to Corporate Sponsor only.
- Other benefits, including marketing opportunities on the ASPHP website and in printed publications, as well as free or discounted booth registration fees, are provided according to the level of support:

ANNUAL LEVEL OF SUPPORT	Use of ASPHP "We Support" Logo for Company's Website	Company's Logo and Contact Information on Sponsorship Page and in Monthly Newsletter	Categories of Company's Services/Products Listed on SPHM Resource Page*	Discounted Booth Registration at National and Regional Networking Events	Ad in ASPHP Monthly Newsletter, Valued at \$150/each**	Free Regional Networking Event Booths (as scheduled), Valued at \$850/each
Platinum Level: \$25,000	✓	✓	unlimited	✓	12	4
Gold Level: \$10,000	✓	✓	20	✓	10	2
Silver Level: \$5,000	✓	✓	11	✓	5	1
Bronze Level: \$2,500	✓	✓	6	✓	2	
Basic Level: \$2,000	✓	✓	4			

***SPHM EQUIPMENT & CONSULTATIVE SERVICES RESOURCE PAGE**

ASPHP frequently receives inquiries about equipment and consultative services. The online *SPHM Equipment & Consultative Services* resource page is designed to provide safe patient handling professionals (SPHP) a platform to search for resources and information to optimize their practices and promote a culture of safety in their organizations. It also offers a forum for manufactures, vendors, and individual sellers and consultants to showcase the benefits of their SPHM products and services. Number of categories included in the sponsorship level. Additional categories can be purchased at \$400 each.

****Company provides artwork by the 12th of each month.**



The Association of
Safe Patient
Handling Professionals™

REGISTRATION FORM/INVOICE

Tax ID: 27-5082121

Company Name _____
Contact Person _____ **Title** _____
Contact Person Email _____ **Phone** _____
Company Address _____
City _____ **State** _____ **Zip** _____
Company Brief Description (no more than 2,500 characters) _____

Company Email _____ **Company Phone** _____
Website URL _____

Products and/or Services: Please select company product(s) and/or service(s) from the table below:

SPHM Products

- Ergonomic Bathing/Showering/Toileting Devices
- Car Transfer Devices
- Overhead (Ceiling- and Wall-mounted) Lifts
- Mobile Lifts
- Early Mobility Devices
- Falls Prevention/Recovery Devices
- Friction Reducing Devices
- Air Assisted Lateral Transfer Devices
- Air Assisted Lifting Devices
- Motorized Beds/Stretchers/Battery-Powered Bed & Wheelchair Pushers
- Hydraulic Gurneys
- Patient Transfer Positioning Devices
- Pressure Ulcer Prevention/Management
- Sit-to-Stand Assistive Devices
- Bed-to-Chair Convertible Devices
- Slings for Patient Lifting
- Height Adjustable Equipment and Furniture
- Height Adjustable Bathroom Equipment

Services

- Patient Care Ergonomic Assessments (to determine equipment and program needs)
- SPHM Program Audits/Evaluations
- SPHM Program Consulting
- SPHM in Design of New and Renovated Facilities
- Subject Matter Experts for Legal Firms and Other Organizations
- SPHM Training



Doing Business in: Check the boxes to list the state(s) in which your company does business.

<input type="checkbox"/> All States	<input type="checkbox"/> ID	<input type="checkbox"/> MO	<input type="checkbox"/> PA
<input type="checkbox"/> AL	<input type="checkbox"/> IL	<input type="checkbox"/> MT	<input type="checkbox"/> RI
<input type="checkbox"/> AK	<input type="checkbox"/> IN	<input type="checkbox"/> NE	<input type="checkbox"/> SC
<input type="checkbox"/> AZ	<input type="checkbox"/> IA	<input type="checkbox"/> NV	<input type="checkbox"/> SD
<input type="checkbox"/> AR	<input type="checkbox"/> KS	<input type="checkbox"/> NH	<input type="checkbox"/> TN
<input type="checkbox"/> CA	<input type="checkbox"/> KY	<input type="checkbox"/> NJ	<input type="checkbox"/> TX
<input type="checkbox"/> CO	<input type="checkbox"/> LA	<input type="checkbox"/> NM	<input type="checkbox"/> UT
<input type="checkbox"/> CT	<input type="checkbox"/> ME	<input type="checkbox"/> NY	<input type="checkbox"/> VT
<input type="checkbox"/> DC	<input type="checkbox"/> MD	<input type="checkbox"/> NC	<input type="checkbox"/> VA
<input type="checkbox"/> DE	<input type="checkbox"/> MA	<input type="checkbox"/> ND	<input type="checkbox"/> WA
<input type="checkbox"/> FL	<input type="checkbox"/> MI	<input type="checkbox"/> OH	<input type="checkbox"/> WV
<input type="checkbox"/> GA	<input type="checkbox"/> MN	<input type="checkbox"/> OK	<input type="checkbox"/> WI
<input type="checkbox"/> HI	<input type="checkbox"/> MS	<input type="checkbox"/> OR	<input type="checkbox"/> WY

Select sponsorship:

- | | |
|---|--|
| <input type="checkbox"/> Platinum Level: \$25,000 | <input type="checkbox"/> Bronze Level: \$2,500 |
| <input type="checkbox"/> Gold Level: \$10,000 | <input type="checkbox"/> Basic Level: \$2,000 |
| <input type="checkbox"/> Silver Level: \$5,000 | |

Please email the completed application, along with credit card payment information, to info@asphp.org, or mail the application form to ASPHP Headquarters.

Payment by Check: (Made payable to ASPHP)

Mail to: ASPHP Headquarters, 125 Warrendale Bayne Road, Suite 375, Warrendale, PA 15086

Payment by Credit Card: Visa MasterCard American Express Discover

Card Number: _____ **Expiry Date:** _____

Card Billing Address: _____

Name of Card: _____ **CCV:** _____

Payment Amount: _____ **Date:** _____

Disclaimer: The SPHM Equipment & Consultative Services resource page is designed to help safe patient handling professionals find optimal Safe Patient Handling and Mobility (SPHM) equipment and services to benefit their practice. Any products or services displayed on our website do not constitute endorsement by the Association of Safe Patient Handling Professionals (ASPHP). ASPHP disclaims responsibility for any injury to persons or property resulting from any products, ideas or services referred to in this resource directory.