



ASPHP Corporate Sponsorship Program and Benefits
Corporate Sponsorships for ASPHP are accepted on an annual basis.

	Platinum \$25,000	Gold \$10,000	Silver \$5,000	Bronze \$2,500	Standard \$2,000
Use of ASPHP “Proud Vendor Sponsor” Logo (see below) for Company's Website¹	✓	✓	✓	✓	✓
Included in thank you email broadcast listing all sponsors twice a year²	✓	✓	✓	✓	✓
Included in a social media recognition post twice a year²	✓	✓	✓	✓	✓
Discounted Booth Registration at National Event (If scheduled)⁴	15%	10%	7%	5%	
Ad in ASPHP Monthly Newsletter, Valued at \$150/each³	12	10	5	2	
Regional Networking Event Booth discount (If scheduled)⁴	15%	10%	7%	5%	
Webinar Commercial Support Discounted Rate	15%, plus One Free	\$1,500	\$1,500	\$1,500	\$1,500
Purchase of E-Blast Services limit⁵	Max 6/year	Max 4/year	Max 3/year	Max 2/year	Max 1/year
Company's Logo and Contact Information on Sponsorship Page and in Monthly Newsletter	✓	✓	✓	✓	✓
Company's information listed on SPHM Equipment & Consultative Services resource page⁶	✓	✓	✓	✓	✓
Included on banner with all sponsors' logos at the annual National SPHM Education Conference (If scheduled)⁴	✓	✓	✓	✓	✓
Appreciation presented at the Annual Business Meeting.	✓	✓	✓	✓	✓



- ¹
- ² Sponsorship must be in good standing by Mar 31 to be included in the spring blast, and Sep 30 to be included in the fall blast.
- ³ Company provides artwork by the 12th of each month.
- ⁴ Hosting of national events and regional events cannot be guaranteed. Substitution cannot be offered
- ⁵ Subject to availability
- ⁶ The online *SPHM Equipment & Consultative Services* resource page is designed is 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 manufacturers, vendors, and individual sellers and consultants to showcase the benefits of their SPHM products and services.

REGISTRATION FORM/INVOICE

Tax ID: 27-5082121

Company Name _____

Contact Person _____ **Title** _____

Contact Person _____ **Phone** _____

Email _____

Company Address _____

City _____ **State** _____ **Zip** _____

Company Brief Description (Not more than 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

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

Services

- Patient Care Ergonomic Assessments (to determine equipment and program needs)
- SPHM in Design of New and Renovated Facilities
- SPHM Program Audits/Evaluations
- SPHM Program Consulting
- 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:

- Platinum Level: \$25,000 Gold Level: \$10,000 Silver Level: \$5,000
 Bronze Level: \$2,500 Basic Level: \$2,000

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, 10431 Perry Highway, Suite 310C, Wexford, PA 15090

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.