

National Alliance Affiliate Summary and Application

Fee

\$5,000 The affiliates program enables established and emerging healthcare innovators to collaborate and expand the visibility of their solutions with coalitions, employers and other purchasers.

Benefits of the Affiliate Program

- ▶ Listing in the National Alliance online Affiliate Directory
- ▶ National Alliance website presence (logo, contact information, boilerplate)
- ▶ Mini podcast featuring a one-on-one discussion with the National Alliance president & CEO (includes promotion and website posting)
- ▶ Ability to share solutions widely:
 - ▣ Online affiliate directory
 - ▣ Monthly affiliate newsletter
 - ▣ National Alliance Twitter feed
- ▶ **Periodic** feature in National Alliance member communications
 - ▣ Monthly affiliate newsletter
 - ▣ Bi-monthly newsletter
 - ▣ All-member monthly calls (includes coalition directors and staff)
- ▶ **Periodic** posting on the Coalition Connect intranet site (press releases, acquisitions, blogs, what you are doing that is new in the industry)
- ▶ Three purchaser guest passes for National Alliance main events (Annual Forum, Leadership Summits)
- ▶ Reduced fees for National Alliance event sponsorship and exhibiting
- ▶ **Periodic** national webinars, with purchaser case studies (must be pre-approved by the National Alliance)

Please complete the following information for the National Alliance website and return to mcornejo@nationalalliancehealth.org.

Contact Information

ORGANIZATION NAME

STREET ADDRESS

CITY/STATE/ZIP

MAIN CONTACT NAME

TITLE

WORK PHONE

EMAIL ADDRESS

Attachments

Please attach the following pieces:

HIGH RESOLUTION LOGO

WEBSITE URL

Organization Summary

Please keep your summary to a maximum of 100 words. Links to other materials can be included.

Please answer the following questions (max. 100 words each)

1. What unique value proposition does your organization provide and how do you differentiate from key competitors? Please list key points in bullets:

2. Please provide a description of your client base including any large existing clients:

3. OPTIONAL: Would you like to offer a revenue share model for the National Alliance and its coalitions? If so, please describe:

NOTE: Advertisement through the National Alliance does not imply endorsement or sponsorship of any product or service. Any advertising in any manner that may express or imply endorsement by the National Alliance is strictly prohibited.

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The National Alliance reserves the right to modify or edit the content of any material submitted for publication to comply with our editorial requirements.

The National Alliance will be entitled to use, reproduce, disclose, publish and distribute any material you submit without restriction and without compensation.

SIGNATURE

DATE

NAME (PRINT)

TITLE

Please mail application & check payable to:

National Alliance of Healthcare Purchaser Coalitions
Attention: National Health Leadership Council (NHLC)
1015 18th Street, NW, Suite 705
Washington, DC 20036

Tax ID #65-0328971

If you have any billing questions, please email:
mcornejo@nationalalliancehealth.org

PAYMENT IS DUE WITHIN 30 DAYS OF NOTIFICATION OF MEMBERSHIP ACCEPTANCE