



North Carolina Society of Health Care Attorneys
2026 Annual Meeting, October 16, 2026
Rizzo Conference Center, Chapel Hill, NC
Sponsorship Form

Firm/Organization Name: _____

Address: _____

Contact Person: _____

Phone: _____ E-mail: _____

Please Indicate Sponsorship Level*

Please refer to attached *Level Benefits* for details on the benefits afforded to each level of participation.

Select One	Level	Amount	Platinum/Diamond Only	
☐	Platinum	\$5,000	☐ Keynote	☐ Lunch
☐	Diamond	\$3,500	☐ Morning Break	☐ Afternoon Break
☐	Gold	\$2,500	NA	NA
☐	Silver	\$1,500	NA	NA
☐	Supporter	\$500	NA	NA
☐	Lanyards	\$250	(One available)	

*Please make all checks payable to the North Carolina Society of Health Care Attorneys and forward to: NCSHCA, PO Box 1038, Wake Forest, NC 27588.

Please Choose One:

- ☐ Yes, I would like to associate with the NCSHCA through my sponsorship at the level indicated above. I will e-mail a copy of my logo and a short summary about my organization to: Liz@kochaneklawgroup.com or mail to the address noted above.
- ☐ No, I would not like to sponsor this year, but would I would like to be contacted with future opportunities to associate with the NCSHCA.
- ☐ No, I do not want to sponsor and would like to be removed from your contact list.

Thank you for your support of the Society! We hope to see you at the conference.