

# You are invited to attend the STAND UP FOR HOMECARE 2009 RECEPTION

**OCTOBER 13, 5:30-7:00 P.M.**  
**GEORGIA AQUARIUM | ATLANTA, GA**

*Reception proceeds will support a comprehensive public awareness campaign promoting the homecare sector.*

Over the past year, the Stand Up for Homecare campaign has worked hard to give homecare issues a positive, accurate face in the media and in Washington. Monies raised through the previous fundraisers have helped support the aggressive expansion of public relations efforts. Show your support of this campaign by attending the Stand Up for Homecare cocktail reception fundraiser on October 13 and learn more about the public awareness efforts of the HME sector.



VISIT US AT BOOTH #2230

[www.aahomecare.org/standupforhomecare.org](http://www.aahomecare.org/standupforhomecare.org)

Special Thanks to our Gold Sponsors:



Special Thanks to our Industry Supporters



HOMECARE

HME News

GOLD SPONSOR: \$3,000 PER COMPANY | HOMECARE CHAMPION: \$1,000 PER PERSON | INDUSTRY ADVOCATE: \$500 PER PERSON | PATRON: \$150 PER PERSON

# STAND UP FOR HOMECARE 2009 RECEPTION | REGISTRATION FORM

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★ **HOMECARE CHAMPION:** \$1,000 PER PERSON

★ **INDUSTRY ADVOCATE:** \$500 PER PERSON

★ **PATRON:** \$150 PER PERSON

*In appreciation of  
our Gold Sponsors,*

*companies will receive ten tickets as well as logo placement  
on event signage, the AAHomecare website, and marketing materials  
for the event. Homecare Champions receive four tickets to the event,  
Industry Advocates receive two tickets, and Patrons receive one ticket.*

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**Thank you for your support of the homecare industry and its public awareness campaign.**

Please fax this form to AAHomecare at 703-836-6730 or contact Kim Kianka at 703-535-1887.

CONTACT NAME

TITLE

COMPANY NAME

STREET ADDRESS

CITY

STATE

ZIP

PHONE

FAX

E-MAIL

### Support Level:

- \$3,000 Gold Sponsor  
 \$1,000 Homecare Champion  
 \$500 Industry Advocate  
 \$150 Patron  
 I will not be attending Medtrade  
but would like to donate \$\_\_\_\_\_

### Payment Method:

- Check (made payable to AAHomecare)  
 I authorize charging the fee to my credit card:  
 Mastercard  Visa  American Express

CARD#

EXP. DATE

4-DIGIT CODE

NAME AS IT APPEARS ON CARD

SIGNATURE

TOTAL AMOUNT TO BE CHARGED TO CREDIT CARD

\$