



American Academy of Healthcare
Interior Designers

Industry Partner Application Form

**“The Single Source for
Healthcare Interior Design”**

Industry Partner Information

Contact Name:	
Company Name:	
Billing address:	
City, State, ZIP Code:	
Telephone:	
Fax:	
E-Mail:	

Level of Commitment

- | | |
|--|---|
| <input type="checkbox"/> Platinum \$11,000 | <input type="checkbox"/> Silver \$5,500 |
| <input type="checkbox"/> Gold \$8,250 | <input type="checkbox"/> Bronze \$2,750 |

Website Information

Please supply in electronic format to kchecea@aahid.org

- Contact, address, phone, email
- Logo
- Product or Project Photography with identification
- Copy for website
- URL link to your website

Payment Information

Make checks payable to American Academy of Healthcare Interior Designers (AAHID).

- Check Credit Card

Credit card number:

Expiration date:

Authorized signature:

Please return this form with payment:

**American Academy of Healthcare Interior Designers
8735 W. Higgins Rd., Suite 300
Chicago, IL 60631**

Statement

Please include a narrative that supports how you satisfy the requirements for becoming an Industry Partner for review by the AAHID Board. _____

Requirements for Industry Partners

- Share strategic alignment with the AAHID mission and values.
- Demonstrate a five history in healthcare research, development and sales that align with AAHID.
- Employ trained representatives that focus on sales and service in the Healthcare Industry.
- Pursue an active marketing program directed toward the Healthcare Industry.
- Assume financial responsibility for one of the Industry Partner Levels of Commitment.
- Promote AAHID to architects, designers, hospitals, senior living centers, and the healthcare industry.
- Connect to AAHID on your website as an Industry Partner.

Please select ways that your firm would like to participate with AAHID:

- Roundtables
- White Papers
- Scholarships
- Candidate Forums
- Healthcare Design Training
- Annual Meeting & Reception Sponsorship
- Other _____

Please indicate if you are interested in working with AAHID to promote the following:

- Product Research
- Education & Training
- Networking
- Scholarships
- Graduate Studies
- White Papers

Do you have special events that we should know about to share with the CHIDs?

What trade shows to you attend? (Name and location)

Will you send AAHID your press releases on new products, awards and announcement relevant to our constituency to post on the AAHID website?

In what ways can you inform the healthcare design community about AAHID and how can we assist you to promote AAHID?

Comments

I understand that this application will be reviewed by AAHID to ensure that this will be a mutually beneficial relationship.

E-Signature(s): _____

Date: _____

Thank you submitting your applications. Please continue to provide us information on how we can better meet your needs as an AAHID Industry Partner.

Kathy Checea, AAHID Director of Professional Relations, 847.375.4765, kchecea@aahid.org