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Overland Park, KS 66213  
[www.associationpros.com](http://www.associationpros.com)



Phone: 913-341-2868  
Toll Free: 888-450-3040  
Fax: 913-341-2803

August 24, 2007

Texas Community College Teachers Association  
Attention: Richard Moore  
5113 Southwest Pkwy  
Austin TX 78735

Dear Richard,

Thank you for your interest in our association programs. I am very excited about the opportunity to work with you and your association! I promise to you and to your association the same service, respect, integrity, and member satisfaction that I give to all of my associations.

I have prepared for you the details of the method by which we work with associations nationwide. We represent all types of association formats and memberships. We offer both individual and group health insurance coverage, which is the best of its kind in the industry. We only use "A" rated carriers and have unique products for our associations to promote their membership.

We work very hard to analyze our potential clients' current policy and will be very careful in seeing that the proper health or other types of insurance are in place for all of your members. In addition, we will be able to help your members with Long Term Care, Life Insurance, Disability, Estate, Financial and Retirement Planning at special association rates not available to the public. We also have a very strong dental program, allowing your members to go to any dentist of their choice.

Your members will be serviced and treated with the utmost of respect. All questions will be responded to quickly; as that is the way we run our business.

Please call upon receipt of this packet and we can discuss this program further. I am willing to help you do anything you need to help give your members the best products available and build your membership benefits, strengthening your member's affiliation to your association.

Thank you,

Stuart Pase  
President  
Certified Senior Advisor

*Specializing in Individual & Group Health Insurance, Life Insurance, Long-Term Care Insurance, Disability Income & Critical Illness, & Financial, Retirement, Estate Planning*

# Association Benefits Package

Prepared for Members of:

**tccta**

**TEXAS COMMUNITY COLLEGE TEACHERS  
ASSOCIATION**

Offered By:



**Stuart Pase, President**

Association Health Programs  
12721 Metcalf Ave Ste 100, Overland Park, KS 66213  
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# Summary

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**Successful association health programs must offer significant advantages for members and sponsoring organizations.** However, achieving success demands certain key ingredients.

Products require quality; unique features to help retain participation; and choices must be available to meet the membership's diverse needs.

Association Health Programs (AHP), by designing and recommending products, demonstrates its ability to meet the needs of the Association nationwide. The agents are licensed in all states, allowing complete flexibility of plan designs and insurance companies.

AHP specializes in both the operations and marketing of 120 association health insurance programs nationwide and has done so for 16 years in a very successful manner.

Our large agent force throughout the nation, led by the President of AHP, Stuart Pase, maintains client contact on an individual basis via telephone, direct mail, e-mail and fax—whatever is convenient and desirable to our clients.

As insurance professionals, AHP searches industry sources for products that meet stringent association membership standards. When none exist, AHP develops product specifications and negotiates the creation of unique features for our plans.

# Plan Specifications

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Association Health Programs knows that an association program must be unique and provide benefits and customer service that a member cannot purchase on his or her own.

## **AHP enters into an association agreement with five main objectives:**

1. Increase membership
2. Retain membership
3. Heighten member loyalty to the Association
4. Provide the highest level of personal customer service
5. Protect membership against the purchase of substandard insurance

HBP recommends the following criteria for plan design:

1. **Accommodate membership diversity.** TCCTA serves individuals, families, small and large businesses. The Association plan must be able to accommodate this diversity; this is accomplished through creative plan designs and the proper insurance companies.
2. **Allow flexibility in plan design.** Individuals should be allowed to choose their own coverage and optional benefits. This flexibility is available for both individual and group plans. Plans are customized for our members.
3. **Provide optional managed care.** The Preferred Provider Organization (PPO) or any doctor or hospital allows members to access providers nationwide at no additional cost.
4. **Special underwriting for the members.** Our insurance company partners take into consideration the buying power of AHP's large blocks of Association business, helping TCCTA obtain benefits of large group underwriting. This is most advantageous to membership and renewals, retention and member loyalty.

# Marketing Considerations

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Association Health Programs adheres to the following agreement in concept: to provide this program to TCCTA and to work with and consult to finalize the marketing details, which will include:

1. **Member communication:** Communication on behalf of the TCCTA will include the association's endorsement and details of enrollment. A marketing plan will be developed in consultation with association leadership and staff.
2. **Individual consultation:** Toll free member service phone lines will offer members access to fully licensed and trained consultants available without charge to help members maximize their health expenditures, tax strategies and integrate plans with their personal insurance needs. Our phones are answered by live people who help association members.
3. **Membership sales:** AHP programming provides incentives to help increase the Association's membership base through health coverage solutions which are not currently available to the TCCTA members.
4. **Administrative function:** AHP will perform all administrative functions and provide personnel to produce semi-annual reports to the Association.

# Marketing the TCCTA Cooperative Programs to Members

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The following methods are utilized if available:

**1. The TCCTA publications**

- Newsletters
- Magazine

**2. Mailings to membership**

- Fax, Email, and U.S. Mail

**3. Website**

- Section devoted to Member Benefits (marketing material and link supplied by AHP)

**4. Trade shows and conventions**

**5. Direct solicitation rights to membership in the name of the Association and in conjunction with the association**

Once the Association program is put into place, a marketing plan will be created on a yearly basis to ensure successful enrollment of the members in the programs.

# Programs Offered to the TCCTA Members

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## Health Insurance

- Individual Health Insurance for individuals, families-Full and Part-Time Employees
- Group Health Insurance (2-50) employees
- Student Plans
- Short-Term Medical Coverage
- Medicare Supplements and Part D prescription benefits
- International Travel Insurance

## Long-Term Care Insurance

- Home Health Care
- Assisted Living Care
- Nursing Home Care

## Life Insurance

- Term—5, 10, 15, 20, 25, 30 Year
- Universal Life
- Survivorship (Second to Die)
- Key Person
- Executive Benefit Life
- Whole Life

**Members save  
up to  
40%  
on insurance  
premiums!**

## Annuities

## Dental and Vision

## Disability Income and Critical Illness

## Critical Illness

## Accident Insurance

## Retirement, Financial & Estate Planning

## Health Savings Accounts, Cafeteria Plans, 105Bs

## Business Owners Insurance Packages, professional liability, workers compensation

## Office Depot—Preferred member Discount (10%-80% Savings!)

## Why Choose HBP/AHP Instead of Another National Company or Broker?

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**Experience in the health insurance industry with Associations.** AHP has been in the health insurance industry for over 16 years. Our experience over the years has made us one of the nation's top rated fastest growing companies for providing associations, and other organizations, programs for their membership, such as health, life, long-term care, disability, dental, and vision insurance, retirement, financial, and estate planning. We have the knowledge and experience to get the job done!

**Large block of business with the insurance carriers.** Because of the volume of our business, we have strong relationships with major nationwide insurance carriers. We have our own personal underwriters, which gives us the ability to work with pre-existing conditions for our clientele. Local agents can't do this and are often commission driven to only represent very few carriers. This also gives us a "heads up" on changes in the industry with the carriers and with health care in general. Renewals many times are negotiable.

**Full array of programs under one roof.** Because of our alliances nationwide, we can offer association & organizations a full array of programs for their membership, all under one entity. Ranging from health insurance, life, and long term care to retirement planning, from annuities and pension plans to e-commerce and website design and internet marketing services, all at **association special rates**.

**Proprietary products.** As stated earlier, we have strong relationships with large insurance carriers. These relationships also bring up proprietary products, designed with the association members' needs in mind. These products are top quality at reasonable prices. The products we offer must be better and unique, not a "street" product without large blocks of business and protect our members against large rate renewals and our plans cannot be cancelled.

**Customer service and creative ways of solving members' issues.** AHP's customer service is like none other. From the beginning of your experience with us, you'll receive a live professional when you dial us! You'll receive creative solutions to your insurance dilemmas and escalating costs, that will

help bring you into the future of healthcare! We help over 90% of our members who call in and can be medically underwritten.

**Fast claims and excellent renewal service:** The quality of our company that brings us to the top is our claims expertise and help. If a member receives a claim and is confused or thinks it is incorrect-no worries! Just send a copy to our specialists and your worries are gone. AHP will take it from there. When the member's renewal rate comes in, we immediately make sure the rate is not above the average in their area. If it is, then we work hard to use another one of our proprietary products to assure them of not losing quality coverage and not over-paying for it.

**More added benefits.** Local brokers are unable to provide any security, stability, or continued non-dues revenues, as their operations are not funded to our capacity or performance. Premium rate stability is accommodated through our negotiating with carriers for your members.

# Process for Obtaining Information and Enrolling in the Association Plan

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**Step 1** Member requests information (calls, e-mails or faxes request):

**Association Health Programs, Administrator**

12721 Metcalf Ave Ste 100, Overland Park, KS 66213

Phone (913) 341-2868 • Toll Free (888) 450-3040 • Fax (913) 341-2803

Visit our website at [www.associationpros.com](http://www.associationpros.com)

Email us at [help@associationpros.com](mailto:help@associationpros.com)

- Step 2** AHP calls member to confirm request has been received and discusses options and particular issues that deal with the clients current coverage, and insurability.
- Step 3** AHP compares clients current coverage with plan options that were discussed with member, gives member sufficient time to review the plans, then calls the member and discusses strategy with member to address client's needs.
- Step 4** AHP forwards information to member and helps member sign up for association program.
- Step 5** Member sends all completed forms to AHP office.
- Step 6** AHP processes forms and applications with the insurance company. AHP follows up with the insurance company until policy is effective.
- Step 7** Once policy is effective, AHP notifies member and lets them know time frame for which they will receive cards, policy, etc. From this point on, the members will call AHP with any concerns such as billing, claims and customer service. AHP reviews all clients' policies twice annually, making sure the policyholder is happy and is not having any problems.

**Membership Benefit Alert!**



**Receive Enhanced Insurance Benefits for Yourself, Your Family  
for Both Full & Part-Time Employees!**

Health Savings Accounts (HSAs)

Disability Income/Critical Illness

Dental & Vision

Guarantee Issue Accident Coverage

**Long-Term Care  
Insurance**

**Health Insurance**

Home Health Care

**Life Insurance**

Assisted Living

Individuals & Families

Nursing Home Care

Term 5, 10, 20, 25, 30, Age 95

Groups

Universal Life

Student Health Plans

Survivorship (2nd to Die)

Medicare Supplements & Part D

Key Person

International Travel Insurance

Executive Benefit Life

Health Savings Accounts (HSAs)

Retirement & Financial Services

Individuals/Groups

Annuities

**SAVE UP TO  
40%**

**On Insurance Premiums!**

**Rates and availability may vary by state, based on medical eligibility  
and compared with current insurance coverage**

TCCTA Association Health Programs

12721 Metcalf Ave Ste 100, Overland Park, Kansas 66213

Phone: (913) 341-2868 Toll Free: (888) 450-3040 Fax: (913) 341-2803

Email: [help@associationpros.com](mailto:help@associationpros.com)

Website: [www.associationpros.com](http://www.associationpros.com)

# Texas Community College Teachers Association

## Association Health Programs Proposal Request

Health       Long-Term Care       Dental/Vision       Other  
 Life       Disability Income/Critical Illness       Accident Coverage

### **Member Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ County: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **Current Coverage:**

Company: \_\_\_\_\_ Monthly Premium: \_\_\_\_\_

Deductible: \_\_\_\_\_ Copay: \_\_\_\_\_ Rx: \_\_\_\_\_

How do you feel about your current plan?

\_\_\_\_\_  
(Too much, Too much for the plan you have, etc)

What are you looking for in a new plan?

\_\_\_\_\_  
(Price, Coverage, Catastrophic, etc)

When are you looking to have new insurance set in place? \_\_\_\_\_

### **Insured Information:**

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: M / F      Tobacco User: Y / N

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Occupation: \_\_\_\_\_

### **Spouse Information**

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: M / F      Tobacco User: Y / N

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Children:**    DOB: \_\_\_\_\_ M / F    DOB: \_\_\_\_\_ M / F    DOB: \_\_\_\_\_ M / F

                  DOB: \_\_\_\_\_ M / F    DOB: \_\_\_\_\_ M / F    DOB: \_\_\_\_\_ M / F

### **In the Past 5 Years Has Any Insured:**

**No Yes** Taken any prescription medications on a regular basis?

Who/What/Why/When/Dosage: \_\_\_\_\_

**No Yes** Been diagnosed or treated for Cancer, Heart Problems, Stroke, Diabetes, High Blood Pressure, Cholesterol, or Any Other Medical Condition:

Who/What/When/Treatment: \_\_\_\_\_

**No Yes** Is any insured or spouse or child pregnant? **Due:** \_\_\_\_\_

I release the information on this form to be used strictly for obtaining health insurance quotes for myself or my company and understand it will not be shared with any other entity.

Member Signature Required: \_\_\_\_\_

# Association Health Programs

Sample Group Plan

Presented by Stuart Pase, President

| In Network Service                                     | Plan 1                        | Plan 2                        | Plan 3                        | Plan 4                        |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| PPO Network Options                                    | Varies By State/County        | Varies By State/County        | Varies By State/County        | Varies By State/County        |
| Lifetime Maximum Per Person                            | \$5 Million                   | \$5 Million                   | \$5 Million                   | \$5 Million                   |
| Deductible <sup>1</sup>                                | \$500/person                  | \$1,000/person                | \$2,000/person                | \$2,500/person                |
| -Copayments do not apply towards the out-of-pocket max | \$1,500/family                | \$2,000/family                | \$4,000/family                | \$5,000/family                |
| -Services discounted by the PPO                        |                               |                               |                               |                               |
| After Deductible                                       | Plan Pays 80%                 | Plan Pays 80%                 | Plan Pays 80%                 | Plan Pays 80%                 |
| Calendar Year Maximum Out of Pocket                    | \$2,000/person                | \$2,500/person                | \$4,000/person                | \$4,500/person                |
| -Includes Deductible                                   | \$4,000/family                | \$5,000/family                | \$8,000/family                | \$9,000/family                |
| -Services discounted by the PPO                        |                               |                               |                               |                               |
| Physician Office Visit                                 | \$20 copay per visit          | \$20 copay per visit          | \$25 copay per visit          | \$25 copay per visit          |
| Wellness Exams   | \$20 copay per visit          | \$20 copay per visit          | \$25 copay per visit          | \$25 copay per visit          |
| Lab Tests, X-Rays, Pap Smears, Mammograms and PSA      | \$20 copay per visit          | \$20 copay per visit          | \$25 copay per visit          | \$25 copay per visit          |
| -Services are discounted by the PPO                    |                               |                               |                               |                               |
| Vision   | \$20 copay per visit          | \$20 copay per visit          | \$25 copay per visit          | \$25 copay per visit          |
| -One eye exam every two years per person               |                               |                               |                               |                               |
| Inpatient Hospital Services                            | Applied to Max Out of Pocket  | Applied to Max Out of Pocket  | Applied to Max Out of Pocket  | Applied to Max Out of Pocket  |
| -Services are discounted by the PPO                    |                               |                               |                               |                               |
| Outpatient Facility Charges                            | Applied to Max Out of Pocket  | Applied to Max Out of Pocket  | Applied to Max Out of Pocket  | Applied to Max Out of Pocket  |
| -Services are discounted by the PPO                    |                               |                               |                               |                               |
| Emergency Care <sup>2</sup>                            | \$100 copay per visit         | \$100 copay per visit         | \$125 copay per visit         | \$125 copay per visit         |
| -Services are discounted by the PPO                    |                               |                               |                               |                               |
| Urgent Care Center                                     | \$50 copay per visit          | \$50 copay per visit          | \$75 copay per visit          | \$75 copay per visit          |
| Maternity Services                                     |                               |                               |                               |                               |
| -Physician Office Visit                                | \$20 copay initial visit only | \$20 copay initial visit only | \$25 copay initial visit only | \$25 copay initial visit only |
| -Prenatal, Postnatal, Delivery, etc.                   | Applied to Max Out of Pocket  | Applied to Max Out of Pocket  | Applied to Max Out of Pocket  | Applied to Max Out of Pocket  |
| Outpatient Prescriptions                               |                               |                               |                               |                               |
| -Generic   | \$10 copay                    | \$10 copay                    | \$10 copay                    | \$10 copay                    |
| -Brand Name  | \$30 copay                    | \$30 copay                    | \$30 copay                    | \$30 copay                    |
| -Non Preferred Brand Name                              | \$50 copay                    | \$50 copay                    | \$50 copay                    | \$50 copay                    |

<sup>1</sup>All services applied to the deductible are discounted by the Preferred Provider Organization (PPO).

<sup>2</sup>Copay waived if admitted to hospital immediately.

\*Rates and Availability May Vary By State.

\*The information presented is a brief description only of policy benefits. Specific coverage information is provided by the guidelines of the insurance certificate of your state received upon your approval and acceptance of this carrier.

# Association Health Programs

Presented by Stuart Pase, President

Sample Individual Plan 1

| In Network Service   | Plan 1                                  | Plan 2                                  | Plan 3                                  |
|--|---|---|---|
| PPO Network Options <i>(Choose One)</i>                        | Varies By State/County                  | Varies By State/County                  | Varies By State/County                  |
| Lifetime Maximum Per Person                                    | \$5 Million                             | \$5 Million                             | \$5 Million                             |
| Deductible <sup>1</sup> /Calendar Year Maximum Out of Pocket   | \$1,000/person                          | \$1,500/person                          | \$2,500/person                          |
| -Copayments do not apply towards the out-of-pocket             | \$2,000/family                          | \$3,000/family                          | \$5,000/family                          |
| -Services are discounted by the PPO                            | Plan Pays 100% After Deductible         | Plan Pays 100% After Deductible         | Plan Pays 100% After Deductible         |
| Physician Office Visit   | \$30 copay per visit                    | \$30 copay per visit                    | \$30 copay per visit                    |
| Wellness Exams   | \$30 copay per visit                    | \$30 copay per visit                    | \$30 copay per visit                    |
| -Unlimited Routine Care  |   |   |   |
| Lab Tests & X-Rays   | Applied to Deductible                   | Applied to Deductible                   | Applied to Deductible                   |
| -Includes Routine Lab: Pap Smears, Mammograms, PSA Tests, Etc. |   |   |   |
| -Services Are Discounted By the PPO                            |   |   |   |
| Vision Exam  | \$10 Copay Per Visit                    | \$10 Copay Per Visit                    | \$10 Copay Per Visit                    |
| -One eye exam per year per person                              |   |   |   |
| Inpatient Hospital Services                                    | Applied to Deductible                   | Applied to Deductible                   | Applied to Deductible                   |
| -Services Are Discounted By the PPO                            |   |   |   |
| Outpatient Facility Charges                                    | Applied to Deductible                   | Applied to Deductible                   | Applied to Deductible                   |
| -Services Are Discounted By the PPO                            |   |   |   |
| Emergency Care <sup>2</sup>                                    | \$100 Copay Per Visit then              | \$100 Copay Per Visit then              | \$100 Copay Per Visit then              |
| -Services Are Discounted By the PPO                            | Applied to Deductible                   | Applied to Deductible                   | Applied to Deductible                   |
| Maternity Care   | Not Covered                             | Not Covered                             | Not Covered                             |
| Outpatient Prescription Card<br>Purchased at Local Pharmacy    |   |   |   |
| -Generic Drugs   | \$15 Copay                              | \$15 Copay                              | \$15 Copay                              |
| -Any Brand Name-purchased at a local pharmacy                  | 50% of Cost                             | 50% of Cost                             | 50% of Cost                             |
| Mail Order   |   |   |   |
| -Any Brand Name  | \$30 Copay                              | \$30 Copay                              | \$30 Copay                              |
|  | minimum purchase of two months required | minimum purchase of two months required | minimum purchase of two months required |

<sup>1</sup> All services applied to the deductible are discounted by the Preferred Provider Organization (PPO).

<sup>2</sup> Copay waived if admitted to the hospital immediately.

\*Rates and availability vary by state.

\*\*The information presented is a brief description only of policy benefits. Specific coverage information is provided by the guidelines of the insurance certificate of your state received upon your approval and acceptance of this insurance.

# Association Health Programs

Presented by Stuart Pase, President

Sample Individual Plan 2

| In Network Service   | HSA Eligible Plan 1  | HSA Eligible Plan 2  | HSA Eligible Plan 3  |
|--|--|--|--|
| PPO Network Options  | Varies By State/County   | Varies By State/County   | Varies By State/County   |
| Lifetime Maximum Per Person  | \$5 Million  | \$5 Million  | \$5 Million  |
| Deductible <sup>1</sup><br>-Copayments do not apply towards the out-of-pocket<br>-Services Are Discounted By the PPO | \$3,000<br>Per Family  | \$4,000<br>Per Family  | \$5,150<br>Per Family  |
| After Deductible   | Plan Pays 100%   | Plan Pays 100%   | Plan Pays 100%   |
| Calendar Year Maximum Out of Pocket<br>-Includes Deductible<br>-Services Are Discounted By the PPO                   | \$3,000<br>Per Family  | \$4,000<br>Per Family  | \$5,150<br>Per Family  |
| Physician Office Visit<br>-Services Are Discounted By the PPO  | Applied to Deductible  | Applied to Deductible  | Applied to Deductible  |
| Wellness Exams, Pap Smears, Mammograms, PSA, etc<br>-Unlimited Routine Care<br>-Services Are Discounted By the PPO   | First \$150 Covered 100% then<br>Applied to Deductible<br>Per Person Per Calendar Year | First \$150 Covered 100% then<br>Applied to Deductible<br>Per Person Per Calendar Year | First \$150 Covered 100% then<br>Applied to Deductible<br>Per Person Per Calendar Year |
| Lab Tests and X-Rays<br>-Services Are Discounted By the PPO  | Applied to Deductible  | Applied to Deductible  | Applied to Deductible  |
| Vision Exam<br>-One eye exam per year per person   | \$10 Copay Per Visit   | \$10 Copay Per Visit   | \$10 Copay Per Visit   |
| Inpatient Hospital Services<br>-Services Are Discounted By the PPO   | Applied to Deductible  | Applied to Deductible  | Applied to Deductible  |
| Outpatient Facility Charges<br>-Services Are Discounted By the PPO   | Applied to Deductible  | Applied to Deductible  | Applied to Deductible  |
| Emergency Care<br>-Services Are Discounted By the PPO  | Applied to Deductible  | Applied to Deductible  | Applied to Deductible  |
| Maternity Care   | Not Covered  | Not Covered  | Not Covered  |
| Outpatient Prescription Card<br>Purchased at Pharmacy<br>-Generic Drugs<br>-Any Brand Name                           | Applied to Deductible<br>Applied to Deductible   | Applied to Deductible<br>Applied to Deductible   | Applied to Deductible<br>Applied to Deductible   |

<sup>1</sup> All services applied to the deductible are discounted by the Preferred Provider Organization (PPO).

\*Rates are subject to underwriting.

\*\*The information presented is a brief description only of policy benefits. Specific coverage information is provided by the guidelines of the insurance certificate of your state received upon your approval and acceptance of this insurance.

## A Partnership of Excellence!

Office Depot is excited that TCCTA is accepting our response to your bid proposal for your office supply needs and requirements. We are confident that you will find that we have a proven track record to be efficient, reliable and cost effective. Furthermore, by selecting Office Depot you will find a financially solid supplier which ensures quality products, high fill rates, stable operating systems, leading-edge technology, and an investment in a successful partnership.

For over 18 years, Office Depot has strived to provide our valued customers with the very best in office products, solutions, and services. Our customers are the reason we have become the industry leader.

No other office supplier will earn your business like Office Depot. Our friendly, knowledgeable employees can provide you with information, support and solutions to help select the products and services that can best contribute to your business' growth. Knowledge paired with support has emerged as a key commitment for Office Depot in order to develop loyalty and affinity among both our customers and employees, making Office Depot the preferred place to shop.

Office Depot is committed to quality and to your satisfaction as our valued customer. It's why we look forward to every opportunity to meet and exceed your office supply needs. Throughout this response, you will find a comprehensive overview of Office Depot and our capabilities that we feel will suit your overall business needs.

## Contract Pricing

1. A core list of the 176 most frequently ordered office supply items discounted from 10-80%.
2. Large discounts on copy paper and toner.
3. All other items discounted at 10% off of our commercial pricing.
4. Discounts from 20-55% at every Retail store in the copy and print centers.

## Affinity Programs

Office Depot has done many extremely successful affinity programs across the country.

Please check out the following web links to see how we would setup your website for your members to be able to register for this program:

<http://www.associationpros.com/>

[https://odams.officedepot.com/registrations/assoc\\_serv.php](https://odams.officedepot.com/registrations/assoc_serv.php)



## Rebate to TCCTA

Office Depot through Association Services Inc. will meet with TCCTA on a quarterly basis to perform a business review on the total amount being spent and by whom it is being spent through the TCCTA program.

Associations Services Inc. will rebate the TCCTA a total of 3% of the total aggregate spent on a quarterly basis.

## Retail Stores

Office Depot remains one of the world's largest sellers of office products. As of March 26, 2005, Office Depot had 995 retail stores in North America in addition to a national business-to-business delivery network supported by 22 delivery centers and more than 60 local sales offices. Internationally, the Company conducts wholly-owned operations in 14 countries through 77 retail stores and 26 distribution centers, and operates 153 retail stores under joint venture and license arrangements in another seven countries.

In addition, Office Depot had a total of 1,225 retail stores globally throughout the United States, Canada and 11 additional countries worldwide.

## Procurement Cards (P-Cards)

Through the use of your Visa, MasterCard or American Express Card, Office Depot is able to expand our business partnership with you. All Office Depot purchases can be paid with this card, whether by phone, fax, Internet or in-store shopping. You will receive the benefits of contract pricing and have use of our convenient, in-store Copy & Print centers for all your copying, collating and quick-print projects!

## Delivery

Office Depot offers next day delivery at no charge to most locations within the local area. All orders placed online by 5 pm are delivered to your location the next day.

## Return Policy

Your complete satisfaction is our primary concern. If you are dissatisfied for any reason, you will receive full credit. General supply items should be returned in the original packaging within 30 days. Technology and stocked furniture items should be returned in the original packaging within 14 days. Special order non-stocked merchandise will be ordered upon request and may be returned if damaged or defective.



### Copy and Print Solutions

Office Depot Business Services Division Printed Products Group is pleased to offer TCCTA a copy and print solution providing low-cost products, forms management services, process improvement solutions and ease of operations for your end users. We accomplished this by establishing an integrated vendor program, a strategic account sales and support team, a customer implementation group and a state of the art Internet, warehouse and distribution network. Through these programs, you receive maximum benefits with a comprehensive line of printed products, service and solutions and it all begins here.

**Forms Integration Audit:** With this audit, we can review your current document management process. From this review we can evaluate the overall process performance, review industry standards, identify duplicate processes, determine Best Buy practices, and offer design recommendations.

**Integration Benefits:** Integrating your current document management process benefits you by creating a more efficient procurement process, providing quality products at reduced cost, combining both supply and custom product offerings, consolidating your billing and reporting functions, simplifying your Accounts Payable process and streamlining your desktop deliveries.

**Results:** The results that you can realize from utilizing our copy and print solutions are a reduction in procurement, administrative and inventory costs, overall improvements in forms control, vendor relations, delivery cycle and a quality assurance guarantee.

*Our Copy and Print selection includes:* Printed Products, Business Forms, Commercial Print, Labels, High-Speed Copies, E-Forms, Promotional Products, Rubber Stamps & Direct Mail. You'll find quality guaranteed printed products to meet your every business need, and we offer an extensive, competitively priced program. Whatever the product, we offer our customers the highest quality, selection and value.

### Business Reviews

To continue our ongoing commitment for your total customer satisfaction, Office Depot has implemented a customer Business Review process to evaluate our effectiveness as a supplier. Our Business Reviews are held both quarterly and annually with our customers.

#### Business Reviews Include:

- Our customer's initial objectives
- Previous time period accomplishments
- Sales Statistics
- Sales by location
- Average monthly sales
- Performance Measurement
- Customer Quarterly Review
- Office Depot's plan of action to ensure customer satisfaction



### Our Company Values

#### Respect For The Individual

- We value diversity across the Company.
- We praise publicly and provide constructive feedback privately.
- We listen; we understand and we are responsive to each other.
- We treat every employee, customer and supplier with honesty, dignity and respect.
- We provide a safe environment to work and shop.
- We are committed to the principles of good corporate citizenship, positive social impact and environmental sustainability.

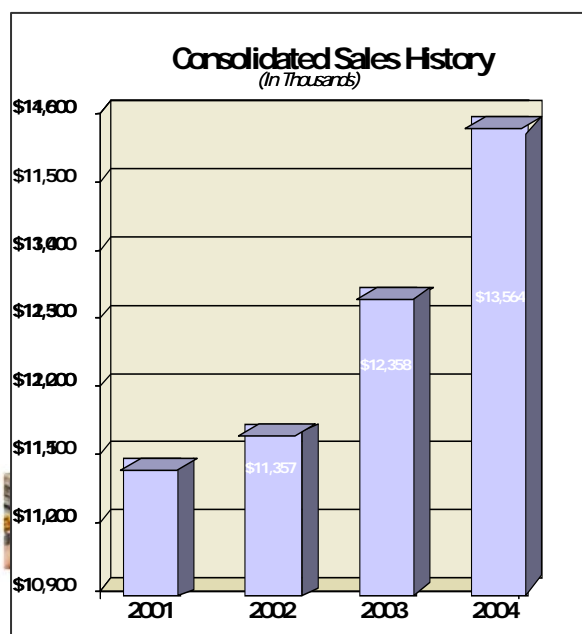
#### Fanatical Customer Service

- We impress our customers (internal and external) so much that they want to buy again.
- We give higher priority to people than to tasks.
- We do it right the first time but “wow” our customers on recovery when we miss.

#### Excellence in Execution

- We are committed to grow Shareholder value.
- We consistently involve employees at all levels toward the relentless improvement of our business.
- We hold our teammates and ourselves accountable for results.
- We strive for perfect execution every day.
- We reward innovation and intelligent risk taking.
- We celebrate the wins.

### Financial Stability



Office Depot is one of the largest office products distributors in the world. Our total revenue encompassing each of Office Depot's divisions – North American Retail Stores, the Business Services Group and the International Division - exceeded \$13.5 billion in 2004. The combined resources of these three divisions have truly enhanced our management expertise and leveraged our buying power considerably.

The worldwide office products industry is a very large, highly fragmented market made up of thousands of contract stationers, mail order operators and retailers. Customers range from individual consumers, home offices and small businesses to large global conglomerates. The size of the North American office supply market is estimated to be over

\$340 billion. Over the past 18 years, Office Depot's Retail Store Division and Business Services Group have significantly increased market share globally. Office Depot's market share represents almost 4% of the industry-wide total.

Office Depot is a financially strong organization with the balance sheet to prove it. The Company has traded publicly on the New York Stock Exchange for over 16 years (ODP). We maintain the highest standards in our financial reporting with a very strong financial team that is fully engaged and dedicated to the highest standards of financial responsibility. In addition, Deloitte & Touche has audited Office Depot's balance sheets thus ensuring our financial integrity and position in the marketplace.

For your benefit, we are providing Office Depot's Federal Tax Identification number (59-2663954) and our Dun & Bradstreet number (15-3531108) to provide an assessment of Office Depot's financial standing in the marketplace. Additional financial ratings, ratios and corporate information are available to the public.

|       | 2004    | 2003    | 2002    |
|-------|---------|---------|---------|
| High  | \$19.50 | \$18.50 | \$21.96 |
| Low   | \$13.87 | \$10.28 | \$10.60 |
| Close | \$17.36 | \$16.71 | \$14.76 |

## The Right Choice for You

In summary, Office Depot can provide you everything you need from an office supplier. We are a financially strong company with the revenue to show for it. We have the right supplies, value and service that you need from an office supplier.

Our dedicated selling resources provide high-quality customer service and the ability to focus on specific customer needs. Our Business Services Group (BSG) is a selling organization dedicated to business customers ranging from the Small Business Entrepreneur to large, multi-location, institutional, national and global accounts. Through a dedicated selling organization we are able to leverage local, national and global resources to provide consolidated efforts that foster unique relationships with our business customers.

In addition, we bring not only value to the products we offer but the integrity of a premier sales organization. We provide excellence in execution in getting the right product to you, at the right time and at the right price for all your business needs. In addition, we look to continuously strive to find ways to satisfy your business requirements as well as offer you solutions for all of your procurement needs.



# **TCCTA EXCLUSIVE BENEFIT!**

**Office DEPOT**  
*Taking Care of Business*

TCCTA strives to bring more value to your membership everyday. We have made an arrangement for our members to save 10-80% off the 176 most frequently used office items. Our members will save 20-50% at all copy and print centers in the Office Depot stores. Never will your discounts be less than 10% on all other items except for technology hardware, wireless, satellite, or internet services, postage stamps, UPS services, and Office Depot gift cards or promotional products. Copier paper and toner will also be discounted.

## **Signing Up and Ordering Is Easy:**

 **Go To:** [https://odams.officedepot.com/registrations/assoc\\_serv.php](https://odams.officedepot.com/registrations/assoc_serv.php)

There is no fee or cost to register. You'll provide your credit card number (but not the expiration date or other card information). Each time a purchase is made at any Office Depot nationwide or when ordering from Office Depot online and the registered credit card is used, you will automatically receive the member discount.

 **Log-In To:** <https://bsd.officedepot.com>

Once you've registered, this will be your online store for purchasing discounted products. All product prices will be automatically adjusted after logging in. Office Depot also provides FREE DELIVERY to all business addresses. Delivery is next business day.

## **Save Up to 80% on Office Depot Products!**

For more information or if you have any questions please call: **888-450-3040**



4. PAYMENT TERMS. The association is in no way responsible for the obligation of its members. Most members would be set up on their personal or business credit cards to obtain the savings provided.

Office Depot shall have the right to establish the credit limit for members who access the Program under the Agreement, and Office Depot shall have the right to lower such credit limit or refuse to ship any orders if at any time; (1) Member is delinquent in making payments to Office Depot or (2) in Office Depot's reasonable opinion, Member's credit standing becomes impaired or reasonably unsatisfactory to Office Depot.

5. ASSIGNMENT. Neither party September assign this Agreement without the prior written consent of the other party.
6. ATTORNEYS' FEES. In the event of any litigation between the parties hereto with respect to the Agreement, the prevailing party (the party entitled to recover costs of suit, at such time as all appeal rights have expired or the time for taking such appeals has expired) shall be entitled to recover reasonable attorney's fees, in addition to such other relief as the court September award.
7. AGREEMENT RENEWAL: Association shall renew for successive 3 year terms automatically. If the association wishes to cancel this agreement Association Services must be notified in writing 6 months prior to each three year renewal period. This is an exclusive endorsement by the association with Office Depot and Association services.

The parties hereto have as of the date set forth above hereunto set their hands and seals:

Association Name \_\_\_\_\_  
Association Executive Director \_\_\_\_\_  
Date: \_\_\_\_\_

By: Stuart Pase  
Association Services Inc. \_\_\_\_\_  
Payment to association: Non-dues revenue

The association will receive on a quarterly basis **3%** of sales produced by its members. The check will be sent within 30 days following the quarterly period. Increases in non-dues revenues from the 3% level will be based on the marketing efforts of the association, the volume produced by its members. Your volume will be placed with the volume of over 100 associations which will be apportioned out accordingly, thereby raising the non-dues revenue over time.

# TEXAS COMMUNITY COLLEGE TEACHERS ASSOCIATION

## ASSOCIATION AGREEMENT

This agreement is made with an effective date of September 1, 2007, by and between **TEXAS COMMUNITY COLLEGE TEACHERS ASSOCIATION** referred to as (“Association”), and Health Benefits Professionals & Association Health Programs (hereinafter referred to as “HBP”). This is an exclusive agreement for healthcare insurance benefits, services, products provided to the association, its members, and its member affiliates. The association expressly agrees not to compete with offerings of HBP for a period of three years if this agreement is terminated other than by a material breach on the part of HBP or TCCTA.

WHEREAS, HBP provides associations, businesses, individuals and families with proprietary and non-proprietary insurance and non-insurance products, services and benefits, and

WHEREAS Association desires to make available to its members the services and benefits offered by HBP, and

WHEREAS, HBP has agreed to market, develop and promote its services and products to Association’s members in a program, which HBP will be responsible to administer (hereinafter referred to as “Program”), the parties contract and agree as follows. (SEE SIGNED MARKETING PLAN BETWEEN THE PARTIES)

1. Duties and Responsibilities of HBP. HBP will provide the following services at its sole cost and expense.
  - A. Provide account executive services to assure the necessary liaison between HBP, the insurance carriers, plan providers, and to act as the Broker of Record for the Program.
  - B. Advise Association on action to be taken with respect to the structure and operation of the Program.
  - C. Solicit proposals for insurance coverage and other Member benefits; compare and assess such proposals and make recommendations to Association regarding new plans to be offered to Association Members.
  - D. Develop with appropriate frequency marketing campaigns reviewed and approved by Association, which promote the Program to Association Members. HBP will design appropriate marketing materials for dissemination by association to prospective and current members along with their normal marketing channels. HBP will not include with any of its marketing material which is submitted to Association’s Members any advertising or promotional material from any other entity unless that material is first approved by Association. (NOTE DEFINED BY SIGNED MARKETING PLAN)
  - E. Provide Association on an annual basis statistical status reports on Members participation (new additions or deletions) in each Program. Provide Association a full and complete report on all operating and financial data necessary for Association to analyze current and future Program performance.
  - F. Maintain accurate Member records of enrollment in the Program.
  - G. Provide an accurate and complete accounting to the insurers on a periodic basis, as required by the insurance carriers or plan providers, but not less than annually.
  - H. Provide an accurate and complete accounting, in accordance with agreements with the insurance carriers, with respect to all receipts, disbursements and outstanding balances of all funds to Association’s insured Members, which come into possession or control of HBP.
  - I. Conform to Insurer’s underwriting instructions and procedures pertaining to the insurance industry standards and laws.
  - J. Assist insured Members in obtaining settlement of claims, and provide other reasonable sources to insured’s as may be requested or obtained from telephone or written correspondence.

- K. Use all reasonable efforts to prevent disclosure to any unauthorized persons of any information that may be contained in, or derived from application, claim forms or other administrative records held by HBP for the various insurance plans.
- L. Insure that Association is using the added benefit programs to be packaged in member benefits marketing e.g. Office Depot, Internet Marketing Services, Business owner's insurance and professional liability etc.

2. Responsibilities of Association. The responsibilities of Association shall be as follows:

- A. Association will furnish HBP with current membership mailing lists at such intervals as reasonably requested by HBP and allow HBP to participate in correspondence to membership at no cost a minimum of 6 times annually with TCCTA. If separate direct mailings are done they will be at the sole expense of HBP. (STATED IN SIGNED MARKETING PLAN)
- B. Association authorizes HBP to solicit, with appropriate frequency, individual Association Members by mail, fax, e-mail, newsletters, websites, Association magazines or any form of communication utilized by the Association to enhance participation in the "Program" at no cost to HBP to promote TCCTA ASSOCIATION HEALTH AND BENEFIT SOLUTION PROGRAMS.
- C. Association agrees that it will use reasonable efforts to ensure that in the Health Benefits business and other approved HBP benefits, HBP has exclusive use of: Association's name, Association's mailing lists, Association's trade name, business logo, business good will and other intangible assets and value associated with the Association's name.
- D. Association shall have the right to approve advertising and promotional material submitted by HBP, which approval shall not be unreasonably withheld, prior to mailing or distribution to its Members.
- E. Where appropriate, Association will remit, mail, and relay telephone inquiries concerning the Program to HBP for proper responses.
- F. Association will speak periodically with HBP to evaluate the Program and request changes when and where Association deems appropriate.
- G. Association will speak with HBP to review all insurance plan proposals, which from time to time may be presented to Association for consideration.
- H. Association agrees to provide information and run ads provided and approved by the Association in ALL communications to members such as Association's publications, newsletters, e-mails, websites, magazines, electronically etc. at no cost to HBP. The marketing/advertising will run with the Association's name and HBP as administrators of the programs, or in any other way so designated and approved by the Association. In addition, association agrees to allow HBP to have a seminar at the annual convention for members to attend to learn about the TCCTA benefit programs and promote the seminar in Association material. (AS NOTED IN SIGNED MARKETING PLAN)
- I. Association agrees to provide prime booth space at all conventions in the exhibit hall to promote its health and service benefit programs at no cost to HBP. This space should be a 10 x 10 booth. It would consist of an 8ft draped table, two chairs, electrical hook-up, backdrop, side rails etc.

3. Confidentiality. HBP shall not disclose to any person, institution or company not authorized by Association, any information directly or indirectly related to Members, including but not limited to, membership lists or the names of those insured.

4. Association programs. Furthermore, without Association's express written consent, HBP agrees not to use the Association membership list for any other purpose, except to market the Program as stated in this Agreement.

5. Royalty. For access to Association's Members, and for the use of Association's mailing list, trade name, business logo, business good will and other intellectual property, and for the opportunity to advertise in the Association's magazines and other periodic publications; HBP shall pay to Association, after the end of each 12 month period, and thereafter each six month period and each succeeding six-month period during the term of this Agreement a 6-month royalty for the use of the associations intellectual property, an amount that is calculated as set forth in Exhibit A, such amount to be paid within 90 days after the close of each six month period. Compensation begins once 50 members have signed up. **COMPENSATION IS IN NO WAY TIED TO COMMISSIONS ON INSURANCE POLICIES nor SHARED WITH association.**
6. Indemnification. HBP agrees to indemnify and hold harmless Association with respect to any and all losses, damages, or expenses (including reasonable attorney's fees) caused by: (a) the breach of HBP of any of its undertakings or agreements set forth in this Agreement, or (b) any negligence by HBP in its relations with insured Members.
7. Officials Not to Benefit. No officer, employee, consultant, or other representative of Association shall be permitted to have any share of this Agreement or to have any benefit there-from greater than those available equally to all Members of Association under this Agreement.
8. Terms of Agreement. This Agreement shall be effective for a term of three (3) years commencing on September 1, 2007, and shall automatically be renewed for successive term of three (3) years September 1, 2010. Either party, effective at the end of either the initial three-year term or successive three-year terms may terminate this Agreement, by providing six months advance written notice prior to the expiration of that three-year term. This Agreement may ONLY be terminated by either party by giving a six month advance written notice to the other party if: it is based upon a material breach by the other party to this agreement and a 90 day right to cure is presented in written form by certified mail.
9. Assignment. Neither party shall assign any rights or interest arising under this Agreement without the express written consent of the other party.
10. Notices. All notices required hereunder shall be in writing and shall be delivered by posting same by registered mail, postage prepaid.

If to Association, to:

Texas Community College Teachers Association  
Attn: Richard Moore  
5113 Southwest Pkwy Ste 185  
Austin TX 78735  
Phone: 512-328-2044 xt 13  
e-mail: rmoore@tccta.org

If to HBP, to:

Health Benefits Professionals & Association Health Programs  
Attention: Stuart Pase, President  
12721 Metcalf Ave Ste 100  
Overland Park, KS 66213  
888-450-3040  
[stuart@associationpros.com](mailto:stuart@associationpros.com)  
[www.associationpros.com](http://www.associationpros.com)

11. Binding Effect. This Agreement shall inure to the benefit of and be binding upon the parties hereto, their successors, and assigns.
12. The Entire Agreement. This Agreement constitutes the entire agreement of the parties. No amendment, change, modification, or waiver of any provision hereof shall be valid unless in writing and signed by both parties with the same formalities as are required for the execution of this Agreement.
13. No Joint Venture. HBP acknowledges that the relationship between the parties is that of independent contractors and that in no event shall Association be deemed to be a partner, insurer or joint ventured with HBP or any other Program provider. Association shall not be deemed to be such a partner, insurer or joint ventured by reasons of which it is receiving compensation pursuant to this Agreement.
14. Miscellaneous.
  - A. Severability. The invalidity or unenforceability of any provision hereto shall not affect the validity or enforceability of any other provision. In the event the terms of this Agreement shall become the subject of litigation regarding the reasonability of the duration or scope of the covenants or restrictions contained herein, and if such restrictions are found unreasonable by any court, then to this extent provided or allowed by law such covenants or restrictions shall not be construed as invalid or unenforceable, but shall be modified such that, in the judgment of the court, the covenant or restrictions, as modified, shall be reasonable and enforceable as to duration and/or scope.
  - B. Rights of the Third Parties. Nothing expressed or implied in this Agreement is intended to or shall be construed to confer upon or give any person or entity other than the parties hereto any rights or remedies under or by reason of this Agreement or as a waiver of any subsequent breach.
  - C. Dispute Resolution. The parties agree to negotiate any dispute and not to litigate against one another.

IN WITNESS WHEREOF, the parties hereto execute this Agreement the 1st day of September, 2007.

[Association]

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

HEALTH BENEFITS PROFESSIONALS and  
ASSOCIATION HEALTH PROGRAMS

By: \_\_\_\_\_

Name: STUART PASE

Title: PRESIDENT

EXHIBIT A:

The royalty for each 6-month period during the term of this agreement shall equal the sum of the following:

HEALTH INSURANCE ROYALTY/MARKETING FEES:

\$25.00 PER YEAR FOR EACH INDIVIDUAL HEALTH CLIENT FOR THE FIRST YEAR AND 10.00 PER PERSON FOR SUBSEQUENT YEARS TO BE PAID FOR MARKETING THE PROGRAM

IF GROUP HEALTH INSURANCE \$1.00 PER PERSON PAID PER MONTH FOR THE FIRST YEAR AND NONE FOR SUBSEQUENT YEARS TO BE PAID FOR MARKETING THE PROGRAM

LONG TERM CARE ROYALTY/MARKETING FEES:

\$50.00 PER POLICY FOR THE FIRST CALENDAR YEAR AND \$10.00 PER YEAR THEREAFTER TO BE PAID FOR MARKETING THE PROGRAM

LIFE INSURANCE ROYALTY/MARKETING FEES:

\$50.00 PER POLICY FOR THE FIRST CALENDAR YEAR LIFE COMMISSION ALLOCATED FOR MARKETING THE PROGRAM

ALL OTHER BENEFITS NOT LISTED ABOVE WILL BE CONTRIBUTING TO ASSOCIATION MARKETING

**CLIENTS MUST REMAIN ON THEIR POLICY FOR A FULL 12 MONTH PERIOD FOR MARKETING ALLOWANCE.**

2007

TEXAS COMMUNITY COLLEGE TEACHERS ASSOCIATION

The enclosed addendum to association agreement and marketing plan is to be completed and returned to us signed by September 1<sup>st</sup>, 2007. If you would like to discuss any options not listed here or some which need to be deleted please e-mail me or contact me by phone.

This material is being prepared to enhance the value of your association health programs experience and help your members realize savings off current insurance of up to 40%.

We strive to do a better job each year and feel that we must take direct steps to encourage our associations to work with us to help increase membership, retain membership, satisfy membership, and enhance customer loyalty to our associations.

Thank you.

Stuart Pase  
President and CEO  
Association Health Programs  
888-450-3040  
stuart@associationpros.com

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ADDENDUM TO CONTRACT**

**TCCTA** and **HBP/AHP** agree to come up with a marketing plan for 2007. Our revenues and responses to our advertising are far below the norm we experience when both parties are doing their part. Our goal is produce for our association’s minimum non-dues revenue of \$2500.00 per year.

This can accomplished with a real marketing plan and the possible adding of some other benefits we bring to the table on a national basis. These include a group accident coverage plan, a real home and auto program of the highest caliber, business owner’s insurance program, office depot program, internet marketing and website program etc.

We know that this is a numbers issue. The more our members receive our positive message about the quality of our programs on a more frequent basis the more customer loyalty and assurance that their association cares about them. We are implementing measures in our offices to make the experience a “WOW” one for all the members of each association we represent on a local, state, or national level.

We know you care and ask you for suggestions pertaining to your particular association. Please let us know how we can do a better job.

Please complete the attachment referred to as **MARKETING PLAN 2007** and either e-mail it back or fax back to us.

We sincerely hope this will increase the strength of our relationship and our commitment to you.

Sincerely,

Stuart Pase  
President

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

TCCTA

REQUEST: Please add Association Health Programs to your mailing list to receive any member materials and show materials. These would include some or all of the following: subscription to newsletters, e-mail blast list, magazine distribution, member kit distribution, show kit distribution or any other marketing vehicles which you send out. If you already have done this for us we thank you.

We feel many times left out and do not know what is happening with our association partners. If we would need a password to enter the member section of your website and if this can be provided to us for internal use only, it would be appreciated. If your guidelines do not allow this we understand. Please let us know if that is the case.

An e-mail back to me will suffice in what we can or cannot expect.

Thank you.

Stuart Pase  
President  
888-450-3040  
stuart@associationpros.com

# Association Health Programs

## 2007 Marketing Plans

### Association Information

Signature \_\_\_\_\_  
Date \_\_\_\_\_

Name: \_\_\_\_\_

Website: \_\_\_\_\_

### Marketing Contact

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Marketing *(Please circle and answer all that apply)*

#### Magazine

**Y**

**N**

Magazine Name: \_\_\_\_\_

Published: Monthly Quarterly Other \_\_\_\_\_

Space allowed for AHP: Half Page Full Page Other \_\_\_\_\_

Deadline for ads/articles: \_\_\_\_\_

#### Newsletter

**Y**

**N**

Newsletter Name: \_\_\_\_\_

Delivery: Mail Fax Electronic Other \_\_\_\_\_

Published: Monthly Quarterly Other \_\_\_\_\_

Space allowed for AHP: \_\_\_\_\_

Deadline for ads/articles: \_\_\_\_\_

#### Member Kits

**Y**

**N**

Recipients: New Members Renewing Members Other \_\_\_\_\_

Published: Monthly Annually Other \_\_\_\_\_

# of Flyers Needed From AHP to Insert Annually: \_\_\_\_\_

#### Website

**Y**

**N**

Webmaster Name: \_\_\_\_\_

Webmaster Phone Number: \_\_\_\_\_

Webmaster Email Address: \_\_\_\_\_

Members Only Section: Y N

Members Only Section ID and Password for AHP:

ID: \_\_\_\_\_

Password: \_\_\_\_\_

#### Annual Convention

**Y**

**N**

2007 Date and location \_\_\_\_\_

2008 Date and Location \_\_\_\_\_