

## SPONSORSHIP AGREEMENT

### 1. Sponsor Information:

\_\_\_\_\_  
Sponsor Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Company Website

\_\_\_\_\_  
Company Phone

### 2. Contact Information:

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Contact Title

\_\_\_\_\_  
Contact E-Mail

\_\_\_\_\_  
Contact Phone

### 3. Sponsorship Level:

Sponsor Level:

- Conference Partner** - \$50,000
- Executive Level** - \$36,000
- Diamond Level** - \$10,000
- Platinum Level** - \$5,000
- Gold Level** - \$3,600
- Silver Level** - \$2,500

Additional Opportunities:

- Networking Event Sponsor** - \$25,000
- Meal Sponsor** - \$20,000
- Host a Session** - \$18,000
- Conference Book & Handheld Agenda** - \$15,000
- Coffee Break** - \$7,200

**Other** \$ \_\_\_\_\_

### 4. Agreement:

*I, the authorized representative of the undersigned company, submit this application for sponsorship of CHEMED Health Center's 6th Annual Medicine and Ethics Conference. We understand that Sponsorship Levels and Individual Items are subject to availability.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name, Title

\_\_\_\_\_  
Date

### Payment Information:

Check    Credit Card: \_\_\_\_\_

Card Number

Exp.

Sec. Code