



Connecting Your Business to Upstate New York's Hospitals & Health Systems

# IHA'S Annual Membership Meeting

Sponsorship Brochure

May 16-17 2024 Otesaga Resort & Hotel, Cooperstown, NY



## **Schedule of Events:**

## **THURSDAY, MAY 16**

FRIDAY, MAY 17

11:00am—1:00pm UISS Board of Directors Meeting 10:00am — 12:30pm IHA Board of Directors Meeting 2:00pm — 4:00pm CEO Roundtable

5:00pm — 6:30pm Cocktail Reception

6:30pm — 9:00pm Dinner

inner

Dessert/Networking to follow

# **SPONSORSHIP OPPORTUNITIES**

The Iroquois Healthcare Association Annual Membership Meeting brings together CEOs from across Upstate New York.

Put your name in front of hospital and health system decision-makers!

Your support allows us to provide quality education and networking events for our members.

	CEO Roundtable	Cocktail Reception	Dinner Beverages	After Dinner Networking	Giveaway	IHA Board 'Break'
Standard Inclusions with Full Details Below:	\$2,000*	\$2,000*	\$1,500**	\$1,000	\$500	\$250
Placement of company's promotional gift in welcome bags (to be provided by the vendor)	x	x	X	x		x
Exclusive sponsorship opportunity with print and digital signage of company's logo during event	x					
Sponsor of giveaway item(s) (provided by IHA) provided to all Annual Meeting attendees					x	
Sponsor recognition on the Events page of IHA's website (www.iroquois.org)	x	x	X	x	x	x
Company featured in pre-conference promotional materials	x	x	x	x		
Print and digital signage of company's logo during 2-day event	x	x	X	x		
Attendance at Dinner	x(2)	x(2)	x(1)			
Attendance at After Dinner Drinks and Networking	x	x	x	x		
Verbal recognition of sponsorship during 2-day event	x	x	x	x	x	
Opportunity to provide marketing materials at all meetings and forums (to be provided by the vendor)	x	x	x			

Please note: Iroquois Healthcare Association (IHA) may be able to customize sponsorships to specifically meet your company's marketing objectives. If you desire a different level of contribution, please contact us about unique underwriting sponsorship opportunities. IHA reserves the right to exercise its sole discretion in the acceptance or refusal of applications for each program or event.

Sponsorship levels subject to change without notice based on availability.

# **SPONSORSHIP FORM**

Please complete the following form to confirm your chosen sponsorship package. Completed forms can be returned to Kathleen Kirvin, VP of Marketing & Communications, at <a href="kkirvin@iroquois.org">kkirvin@iroquois.org</a>. **All forms along with payment must be received no later than Friday, May 3, 2024.** 

CONTACT INFORMATION:	IHA Annual Membership Meeting Sponsorship Level					
Company Name		Please mark as appropriate:				
Contact Person		CEO Roundtable \$2,000 (1 available)	) \$			
		Cocktail Reception \$2,000	) \$			
Contact E-mail Address	Dinner Beverages \$1,500	) \$				
Contact Phone Number	After Dinner \$1,000 Networking	\$				
Address		Giveaway \$ 500	) \$			
		IHA Board Break \$ 250	) \$			
City/State/Zip Code		Other	\$			
Only/Oldio/Zip Oodo		TOTAL:	\$			
Website	THANK YOU FO	OR SUPPORTIN	NG IHA!			
PAYMENT INFORMATION:	Once we receive your completed sponsorship form, Iroquois staff will contact you to discuss event arrangements, sponsorship benefits, and recognition.					
Please send me an invoice	Please send your high-resolution color and black-and-white log					
I have enclosed a check made payable to Iroquois Healthcare Association	(.EPS or vector preferred) to <a href="mailto:kkirvin@iroquois.org">kkirvin@iroquois.org</a> .					
	Please mail completed Sponsorship form and check made payable to:					
Please charge my credit card	Iroquois Healthcare Association Annual Membership Meeting					
□Visa □ Mastercard □ AmEx □ Discover	15 Executive Park Drive, Clifton Park, NY 12065					
Name on card:	Sponsorship forms paying by credit card can be emailed to <a href="mailto:kkirvin@iroquois.org">kkirvin@iroquois.org</a> .					
Credit Card #: CCV:	Sponsor Deadline: Friday, May 3, 2024					
	3p333. 3000					