

# 24th Annual Delaware Healthcare Forum

Thursday, October 29, 2020

Hosted by



And



Joint Providers



**Delaware Healthcare Association**

1280 South Governors Avenue, Dover DE 19904

Phone: 302-674-2853 | Fax: 302-734-2731

Web Site: [www.deha.org](http://www.deha.org)

Primary Forum Contact: Yasmine Chinoy    E-Mail: [yasmine@deha.org](mailto:yasmine@deha.org)

# Sponsorship Opportunities

## Be a Forum Sponsor and Grow Your Business

The Delaware Healthcare Association is extending an invitation to organizations and individuals interested in sponsoring the 24th Annual Delaware Healthcare Forum at Delaware Technical Community College, Terry Campus, Conference Center 700, on Thursday, October 29, 2020. Participating sponsors receive benefits designed to maximize their exposure to health care leaders during our annual educational and networking conference for hospitals and health system executives. With your sponsorship, the Delaware Healthcare Association is able to provide education to our members on the issues of today at a reasonable cost.

The Healthcare Forum is expected to have over 400 healthcare leaders from provider organizations throughout Delaware for our one day educational and networking conference.

This is your BEST opportunity to meet Delaware hospital and health system executives at our one-day event. Your sponsorship also comes with the opportunity to exhibit your product/services. Applications are accepted based on sponsorship level and date of receipt. Please review this brochure and decide today which sponsorship level best fits your organization.

**Registration materials must be received by the  
Delaware Healthcare Association no later than October 10, 2020**

**Sponsorship opportunities are limited, so secure your sponsor slot today!**

For more information, please contact Yasmine Chinoy by phone at (302) 674-2853 or e-mail [yasmine@deha.org](mailto:yasmine@deha.org).

## Why Sponsor the Delaware Healthcare Forum?

- The Delaware Healthcare Forum offers one-on-one networking opportunities with over 400 Delaware health care leaders.
- With limited sponsorship opportunities, your exhibit tables will stand out and attendees will have ample time to visit with the exclusive group of Sponsoring companies.
- Sponsors may attend all educational sessions.
- Sponsors will receive an attendee list for follow-up mailings.
- Continental Breakfast and refreshments are provided to all attendees and sponsors.
- Sponsors may attend the Networking Luncheon.

Your sponsorship displays your commitment to Delaware's hospitals and health systems.

### Tentative Exhibit Schedule:

**Set-Up** – from 7:00 a.m. to 8:00 a.m.

**Move-Out** –from 4:00 p.m. to 5:00 p.m.

**Most Sponsorship Levels include** one 6 foot table with two chairs and each sponsor attendee will receive a name badge with a designation as "Sponsor."

The number of sponsor staff that can attend is based on sponsor level.



**Partner**  
**\$5,000**

*There is only one Available*

**Partner**

This level of Sponsorship Includes:

- Exhibit space – **Six** staff from sponsoring organization may attend. Includes anyone attending that will staff your display table.
- DHA-Member discount available for two additional Forum attendees at \$ 65 each.
- Acknowledgement of Partnership on the Delaware Healthcare Association’s Web Site ([www.deha.org](http://www.deha.org)) Forum Web page.
- Recognition of Partnership during welcome address.
- **5 minutes to introduce your business to Forum attendees.**
- Full page (7.5” wide x 10” long) color ad in program booklet – *if ad is received in designated format by **October 10, 2020.***
- Company name and logo displayed on:
  - Forum brochure and program booklet
  - Name badges
  - DHA Website

[Click here for Sponsor Application Form](#)



### Platinum Sponsor

This level of Sponsorship Includes:

- Exhibit space – **three** staff from sponsoring organization may attend. Includes anyone attending that will staff your display table.
- DHA-Member discount available for two additional Forum attendees at \$ 65 each.
- Acknowledgement of sponsorship on the Delaware Healthcare Association's Web Site ([www.deha.org](http://www.deha.org)) Forum Web page.
- Recognition of sponsorship during welcome address.
- **Up to 60 seconds to introduce your business to Forum attendees.**
- Full page (7.5" wide x 10" long) color ad in program booklet – *if ad is received in designated format by October 10, 2020.*
- Company name and logo displayed in program booklet and DHA Website.

[Click here for Sponsor Application Form](#)



### **Gold Sponsor**

This level of Sponsorship Includes:

- Exhibit space – **two** staff from sponsoring organization may attend. Includes anyone attending that will staff your display table.
- Acknowledgement of Sponsorship on the Delaware Healthcare Association's Web Site ([www.deha.org](http://www.deha.org)) Forum Web page.
- Recognition of sponsorship during welcome address.
- Company name and logo displayed in program booklet and DHA Website.

[Click here for Sponsor Application Form](#)



### **Silver Sponsor**

This level of Sponsorship Includes:

- Exhibit space – **two** staff from sponsoring organization may attend. Includes anyone attending that will staff your display table.
- Acknowledgement of sponsorship on the Delaware Healthcare Association's Web Site ([www.deha.org](http://www.deha.org)) Forum Web page.
- Company name and logo displayed in program booklet and DHA Website

[Click here for Sponsor Application Form](#)



***Advertisement  
In the  
Program Booklet***

- \$ 500 Full Page Color Advertisement (7.5" wide x 10" long).
- \$ 350 Half page Color Advertisement (7.5" wide x 5" long).
- \$ 250 Quarter page Black & White Advertisement (3" wide x 4" long).

Company logo displayed in program booklet and DHA website.

**Two staff from sponsoring organization may attend.**

**Ad Requirements:**

All ads must be submitted to the Delaware Healthcare Association via electronic submission and are subject to DHA approval. Print-ready high resolution (300 dpi) PNG or JPG files are required.

***Ads should be received in the designated format by October 10, 2020.***

[Click here for Sponsor Application Form](#)



## ***Banners***

***\$ 250***

### **Banners**

This level of Sponsorship Includes:

- 2' x 3' Full color banner with your company name and logo - *if logo is received in designated format by October 10, 2020.*
- Acknowledgement of sponsorship on the Delaware Healthcare Association's Web Site ([www.deha.org](http://www.deha.org)) Forum Web page.
- Company name and logo displayed in program booklet and DHA Website.

[Click here for Sponsor Application Form](#)



## *Sponsor Deadlines*

- All Sponsor applications must be received by October 10, 2020, with signed agreement and payment.
- Sponsors must provide an electronic copy of ad or descriptive paragraph by the above dates, to ensure inclusion in conference program materials.
- Company name/logo used for signage at the Forum must also be received in JPG format by the above dates. If you want your company logo to appear on the DHA website Forum webpage prior to the event, send it earlier than the dates mentioned above.

### **Ad Requirements:**

Ads will only be accepted as part of a sponsorship package and cannot contain quantitative descriptions of products or services. All ads must be submitted to the Delaware Healthcare Association via electronic submission and are subject to DHA approval. Print-ready high resolution (300 dpi) PDF or JPG files are required.

### **PDF File Requirements:**

- Be sure all fonts are embedded when distilling.
- Use the print optimized setting to ensure highest quality.

If your PDF is not saved properly, or if color is not assigned properly, your ad may not print as expected.

## **Sponsorship Terms and Conditions**

Sponsorship opportunities are accepted on a first-come first served basis. Requests must be in written form with sponsor application form and payment in full. Requests and payment must be received by the Delaware Healthcare Association no later October 10, 2020.

Exhibit table assignments are based on sponsorship level and sponsorship application receipt date. Only one company name is permitted per exhibit table.

In order to receive all of the entitlements listed, sponsor organizations must provide the appropriate materials (PDF file of their corporate logo, PDF or JPG file of their ad, Website address, all sent electronically). If this information is not received by **the above dates**, supporting organizations waive their rights to those missed benefits. **The Delaware Healthcare Association is under no obligation to issue reminders.**

Cancellations must be received in writing. Cancellations are subject to a \$250.00 administration fee. **No refund of payment will be made after the above deadline dates.**

The Delaware Healthcare Association reserves the right to determine the appropriateness of sponsor organizations. All sponsorship contributions are voluntary. Acceptance of a sponsor organization does not imply endorsement of the organization's products or services in any way.

Sponsor organizations will honor the educational focus of the conference. Any business activity of an exhibiting organization is restricted to the display table area. Solicitation of business in educational sessions is strictly prohibited.

Signature of the attached sponsor application form indicates acceptance of these terms and conditions.

## Door Prizes/Raffles

Sponsors are allowed to give door prizes and have raffles for gifts. All prizes/gifts must be appropriate and tasteful for healthcare professionals. The Delaware Healthcare Association has the right to disallow any prizes/gifts that are considered inappropriate.

Please coordinate the drawing of your prize/gift with Yasmine Chinoy on the day of the event.

Drawings for prizes/gifts will be done in front of the audience during the last break, prior to the last presentation.

If you have any questions, please call Yasmine Chinoy at (302) 674-2853 or e-mail [yasmine@deha.org](mailto:yasmine@deha.org) prior to the event.

**[Click here for Sponsor Application Form](#)**

## Sponsor Application Form

Delaware Healthcare Forum

Thursday, October 29, 2020

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Organization Name (as it should appear on all material)

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Contact Name (for logistical purposes only)

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Address/City/State/Zip Code

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Office Phone

Cell Phone (for emergency contact only)

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E-Mail Address

Company Website Address

**Will you need an electrical outlet?** (we will do our best to accommodate you)

**Will you need a display table?**

**Please select your sponsorship level:**

Partner - \$ 5,000

Platinum Sponsor - \$ 2,000

Gold Sponsor Association - \$ 1,000

Silver Sponsor - \$ 500

Advertisement in the Program Booklet:      \$ 500                      \$ 350                      \$ 250

Banners - 250

We have read the Sponsorship Terms and Conditions and hereby agree to the terms and conditions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please email the completed Sponsorship Application Form to [yasmine@deha.org](mailto:yasmine@deha.org).

[Click here for card payment](#)

**Checks should be made payable to:**  
Delaware Healthcare Association  
1280 S. Governors Ave., Dover, DE 19904-4802

For more information, please contact the Delaware Healthcare Association at (302) 674-2853.

**Staff Attending**  
**Delaware Healthcare Forum**  
*Thursday, October 29, 2020*

1. Name: \_\_\_\_\_  Would like Nursing  
Title: \_\_\_\_\_ Continuing Education  
E-Mail: \_\_\_\_\_

2. Name: \_\_\_\_\_  Would like Nursing  
Title: \_\_\_\_\_ Continuing Education  
E-Mail: \_\_\_\_\_

3. Name: \_\_\_\_\_  Would like Nursing  
Title: \_\_\_\_\_ Continuing Education  
E-Mail: \_\_\_\_\_

4. Name: \_\_\_\_\_  Would like Nursing  
Title: \_\_\_\_\_ Continuing Education  
E-Mail: \_\_\_\_\_

5. Name: \_\_\_\_\_  Would like Nursing  
Title: \_\_\_\_\_ Continuing Education  
E-Mail: \_\_\_\_\_

6. Name: \_\_\_\_\_  Would like Nursing  
Title: \_\_\_\_\_ Continuing Education  
E-Mail: \_\_\_\_\_

7. Name: \_\_\_\_\_  Would like Nursing  
Title: \_\_\_\_\_ Continuing Education  
E-Mail: \_\_\_\_\_

8. Name: \_\_\_\_\_  Would like Nursing  
Title: \_\_\_\_\_ Continuing Education  
E-Mail: \_\_\_\_\_

9. Name: \_\_\_\_\_  Would like Nursing  
Title: \_\_\_\_\_ Continuing Education  
E-Mail: \_\_\_\_\_

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