

30th Delaware Healthcare Forum

Thursday, October 29, 2026

Hosted by



Joint Providers



An Independent Chapter of



American College of
Healthcare Executives
for leaders who care®

Delaware Healthcare Association | 1280 South Governors Avenue, Dover DE 19904

Phone: 302-674-2853 | Fax: 302-734-2731 | Website: www.deha.org

Primary Forum Contact: Yasmine Chinoy | Email: yasmine@deha.org

Sponsorship Opportunities

Be a Forum Sponsor and Grow Your Business

The Delaware Healthcare Association invites organizations and individuals to sponsor the 29th Delaware Healthcare Forum at Bally's Dover Casino Resort, Dover, on Thursday, October 29, 2026.

Participating sponsors receive benefits designed to maximize their exposure to healthcare leaders during our annual educational and networking conference for hospitals and health system executives.

Your sponsorship allows the Delaware Healthcare Association to provide education to our members on the issues of today at a reasonable cost. The Healthcare Forum is expected to host over 500 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. 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 no later than Oct. 10. Sponsorship opportunities are limited, so secure your sponsor slot today!

For more information, please contact **Yasmine Chinoy** by phone at **(302) 674-2853** or email yasmine@deha.org.

Why Sponsor the Delaware Healthcare Forum?

- The Delaware Healthcare Forum offers one-on-one networking opportunities with over 450 Delaware healthcare 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, lunch and refreshments are provided to all attendees and sponsors.

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

Tentative Exhibit Schedule:

Set-Up from 7 a.m. to 8 a.m.

Move-Out from 4 p.m. to 5 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.

Booth - \$7,500

This level of sponsorship includes:

- Exhibit space – 8' x 8' booth located inside the main conference room. Six staff from sponsoring organization may attend. Includes anyone attending who will staff your display table.
- DHA-member discount available for two additional Forum attendees at \$75 each.
- Acknowledgement of Partnership on the Delaware Healthcare Association's website (www.deha.org) Forum webpage.
- Recognition of Partnership during welcome address.
- 5 minutes pre-recorded message 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 1.
- Company name and logo displayed on:
 - Forum brochure and program booklet
 - DHA Website

Platinum Sponsor - \$5,000

This level of sponsorship includes:

- Exhibit space – Tables are located inside the main conference room. Six staff from sponsoring organization may attend. Includes anyone attending who will staff your display table.
- DHA-member discount available for two additional Forum attendees at \$75 each.
- Acknowledgement of sponsorship on the Delaware Healthcare Association's website (www.deha.org) Forum webpage.
- Recognition of sponsorship during welcome address.
- 5-minute pre-recorded message 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 1.
- Company logo displayed on DHA website.

Gold Sponsor - \$2,000

This level of sponsorship includes:

- Exhibit space – Tables are located inside the main conference room. Three staff from sponsoring organization may attend. Includes anyone attending who will staff your display table.
 - DHA-member discount available for two additional Forum attendees at \$75 each.
 - Acknowledgement of sponsorship on the Delaware Healthcare Association's website (www.deha.org) Forum webpage.
 - Recognition of sponsorship during welcome address.
 - **Up to 60 seconds** pre-recorded message to introduce your business to Forum attendees.
 - Half page (7.5" wide x 5" long) color ad in program booklet – if ad is received in designated format by October 1.
 - Company logo displayed on DHA website.
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Silver Sponsor - \$1,000

This level of sponsorship includes:

- Exhibit space – Tables are located inside the main conference room. Two staff from sponsoring organization may attend. Includes anyone attending who will staff your display table.
- Acknowledgement of sponsorship on the Delaware Healthcare Association's website (www.deha.org) Forum webpage.
- Recognition of sponsorship during welcome address.
- Half page (7.5" wide x 5" long) color ad in program booklet – if ad is received in designated format by October 1.
- Company logo displayed on DHA website.

Bronze Sponsor - \$500

This level of sponsorship includes:

- Exhibit space – Some tables are located inside the main conference room. Other tables are located outside the main conference room, near the registration tables. Preference will be given on a first-come basis.
- Two staff from sponsoring organization may attend. Includes anyone attending who will staff your display table.
- Acknowledgement of sponsorship on the Delaware Healthcare Association's website (www.deha.org) Forum webpage.
- Company logo displayed on DHA website.

Advertisement in program booklet

This level of sponsorship includes:

- **\$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.

One staff from sponsoring organization may attend.

Ad requirements: All ads must be submitted to the Delaware Healthcare Association electronically and are subject to DHA approval. Print-ready high resolution (300 dpi) **No Bleed** PNG or JPG files are required.

Ads should be received in the designated format by October 1.

Banners \$250

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 1.
 - Acknowledgement of sponsorship on the Delaware Healthcare Association's website (www.deha.org) Forum webpage.
 - Company name and logo displayed in program booklet and DHA website.
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Guidelines/Specs

Sponsors:

- All sponsor applications must be received by October 1 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 before 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 electronically and are subject to DHA approval. Print-ready high resolution **No Bleed** (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 1.

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 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, before the last presentation.

If you have any questions, please call Yasmine Chinoy at (302) 674-2853 or email yasmine@deha.org before the event.

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Sponsor Application Form

Organization Name (as it should appear on all material): _____

Contact Name (for logistical purposes only): _____

Address/City/State/Zip Code: _____

Office Phone Cell Phone (for emergency contact only): _____

Email 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:

- Booth - \$7,500
- Platinum Sponsor - \$5,000
- Gold Sponsor - \$2,000
- Silver Sponsor - \$1,000
- Bronze - \$500
- Advertisement in the Program Booklet: \$500 \$350 \$250
- Banners - \$250

We have read the sponsorship terms and conditions and hereby agree to them.

Signature: _____ Date: _____

Please email the completed Sponsorship Application Form to yasmine@deha.org.

Click [here](#) to register online

Checks should be made payable to:

Delaware Healthcare Association
1280 S. Governors Ave.
Dover, DE 19904-4802

No refunds will be given for cancellations received after October 1, 2026

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



Staff Attending

1. Name: _____ Would like Nursing
Title: _____ Continuing Education
Email: _____
2. Name: _____ Would like Nursing
Title: _____ Continuing Education
Email: _____
3. Name: _____ Would like Nursing
Title: _____ Continuing Education
Email: _____
4. Name: _____ Would like Nursing
Title: _____ Continuing Education
Email: _____
5. Name: _____ Would like Nursing
Title: _____ Continuing Education
Email: _____
6. Name: _____ Would like Nursing
Title: _____ Continuing Education
Email: _____
7. Name: _____ Would like Nursing
Title: _____ Continuing Education
Email: _____
8. Name: _____ Would like Nursing
Title: _____ Continuing Education
Email: _____
9. Name: _____ Would like Nursing
Title: _____ Continuing Education
Email: _____
10. Name: _____ Would like Nursing
Title: _____ Continuing Education
Email: _____

