

2021

PUERTO RICO HOSPITAL ASSOCIATION

ANNUAL CONVENTION

OCTOBER 13 - 15, 2021 · SAN JUAN, PUERTO RICO
SHERATON PUERTO RICO HOTEL & CASINO

EDUCATIONAL PROGRAM SPONSORSHIP CONTRACT

This contract confirms acceptance of the terms and conditions for sponsoring an event at the PRHA 2021 Annual Convention to be held at the Sheraton Puerto Rico Hotel & Casino, Puerto Rico:

Company (as you would like listed on all promotions) _____

Address _____

City _____ State _____ Zip _____

Contact (All information will be sent to this person) _____

Title _____ Phone _____

Email _____ Fax _____

Educational Sponsorship opportunities:

Please check the activities RELATED TO THE EDUCATIONAL PROGRAM you wish to sponsor:

- Continental breakfast: ___\$4,000; Co-sponsor: \$2,000 ___
- Coffee break: ___\$4,000; Co-sponsor: \$2,000 ___
- Conference: (Plenary) ___\$5,000; Concurrent)___\$2,500 Day:_____ Hour:_____
- Lunch: Thursday ___\$30,000 or Co-sponsorship \$15,000 or \$9,000 ; Friday ___\$30,000 or \$15,000
- Receptions: Wednesday ___\$20,000 or \$10,000 (partial); Thursday: ___\$20,000 or \$10,000 (partial)
- Friday reception: ___\$30,000 or \$15,000(partial)
- Other: _____ Amount: _____

Questions: Call Ruby Rodriguez at (787)764-0290 Please sign below and return this to:

Puerto Rico Hospital Association, Suite 101, Villa Nevarez Professional Center, San Juan, PR 00927

By signing this contract, I understand and agree: 1-We are responsible for our equipment and valuables as applicable. 2- We will distribute pre-approved materials only during pre-determined times. 3- We will provide all necessary materials and graphics as required, in the format and due date required. 4- Benefits of Sponsorships are listed in sponsor packet. 5- Acceptance of this contract shall be determined by the Convention Committee. 6- Any Changes / Additions to this agreement must be agreed by both parties in writing. 7-Subject to changes in accordance with updated strategies and recommendations due to the pandemic affecting the world. 8- Unless included herein, there are no other conditions, terms or constraints associated with this contract or its allied sponsorships.

I will make Check Payable to: Puerto Rico Hospital Association

Please charge my: Visa MasterCard AMEX

Card Number _____ Expiration Date ____/____ Billing Zip Code _____

Signature of card holder _____

A 50% deposit of the sponsorship amount will be made with this contract. The deadline for full payment is **September 24, 2021**. If the payment is not received by such date, the PRHA will not guarantee the said sponsorship. DEPOSITS ARE NON-REFUNDABLE.

Ruby Rodriguez Ramírez, MHSA
Vice-President Administration, PRHA

Company representative
Date: _____