

# 2022

PUERTO RICO HOSPITAL ASSOCIATION

## ANNUAL CONVENTION

OCTOBER 19 - 21, 2022 · 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 2022 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 23, 2022**. 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: \_\_\_\_\_