

2023

PUERTO RICO HOSPITAL ASSOCIATION
ANNUAL CONVENTION



SPONSORSHIP CONTRACT

Company Name (as it will appear on all event promotions): _____

Address _____

Contact person (all information will be sent to this person):

Name _____ Title: _____

Phone _____ Email: _____

CATEGORY SPONSORSHIP

- Conferences: ___ Plenary Session \$5,000 ___ Concurrent Session \$2,500
 ___ Track (3) Sessions \$7,000
- Cocktail Reception: ___ Full Sponsorship \$10,000 ___ Co-Sponsorship \$5,000
 (mark preferred day) ___ Wednesday ___ Thursday ___ Friday
- Continental Breakfast: ___ Full Sponsorship \$4,000 ___ Co-Sponsorship \$2,000
 (mark preferred day) ___ Thursday ___ Friday
- Coffee Break: ___ Full Sponsorship \$4,000 ___ Co-Sponsorship \$2,000
 (mark preferred day) ___ Thursday AM ___ Thursday PM ___ Friday AM ___ Friday PM

PROMOTIONS SPONSORSHIP

- LED Wall (10'x 20') Event Welcome screen/all two days ___ \$10,000
- LED Screen (6'x 40") in main corridor/all two days ___ \$ 5,000
- Hologram with Sponsor's Logo at entrance/all three days ___ \$ 5,000
- Lanyard ___ \$ 5,500
- Bag ___ \$ 6,500
- Name Badge ___ \$ 5,000
- Hotel Room Key ___ \$ 2,000

PAYMENT: A 50% NON-REFUNDABLE deposit will be made with this contract. Full payment due by **September 30, 2023**. PRHA will not guarantee the sponsorship after said date.

Check Send to: Puerto Rico Hospital Association, Villa Nevárez Professional Center, 120 Calle 2 - Suite 101, Río Piedras, PR 00926-5303

Credit Card: ___ Visa ___ MasterCard ___ AMEX Send to: rclaudio@hospitalespr.org

Card Number _____ **Expiration Date** ___ / ___ **Sec. Code** _____

Signature of card holder _____

ACH (Please Call (787)764-0290)

By signing this contract, I understand and agree: 1. We are responsible for our equipment and valuables. 2. We will distribute pre-approved materials only during pre-determined times. 3. We will provide all necessary materials/graphics in the format and due date required. 4. Contract subject to approval by the Convention Committee. 5. Changes to this contract must be agreed to by both parties in writing. 6. Subject to changes in strategies/recommendations due to the pandemic. 7. There are no other conditions, terms or constraints associated with this contract.

PR Hospital Association

Company Representative

Date