Creating Health Partnerships by Engaging Individuals, Providers, and Communities in Health Decisions
November 30, 2012
Ammon Center at Christiana Care

Sponsorship:
This one day conference allows sponsors a unique opportunity for their organizations to connect with people in the community. The deadline for sponsorships is Friday, November 16. You are invited to participate in three different levels of sponsorship:

Level 1: Your logo on conference materials
- Recognition on Delaware Health Sciences Alliance conference page
- One five foot table to display resources and materials*
- Price: $100

Level 2: Your logo on conference materials
- Recognition on Delaware Health Sciences Alliance conference page
- One five foot table to display resources and materials*
- Your logo on master slides for the conference
- Sponsorship of a break or meal, with signage recognition
- Price: $250

Level 3: Your logo on conference materials
- Recognition during opening remarks
- One five foot table to display resources and materials*
- Your logo on master slides for the conference
- Sponsorship of Conference, with recognition on posted program and at the Networking Session
- Price: $500

*Resource tables will be displayed adjacent to the auditorium, and will be made available to all attendees throughout the conference. The Networking Session will take place in the same room and provide an opportunity to showcase materials and meet with conference participants. The sponsorship rate includes lunch for up to two staff members. You may set up your table beginning at 7:30am on November 30th. Tables should be cleared by the end of the Networking Session at 3:45pm.

Please Note: There is an option to have a resource table without being a sponsor. The application form can be found on the conference website.
Payment Information:

Organization Name_________________________________________ Names of Table Staff ________________________________________________

Address_________________________________________________ City, State, Zip______________________________________________

Phone____________________ Email:____________________

Describe your organization:

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

Payment Information:

Credit Card Visa MasterCard American Express

Card number__________________________ Expiration Date_________________ Security code__________________

Name__________________________________________________________

Billing Address__________________________________________________

City, State, Zip__________________________________________________

Signature________________________________________________________

Logos should be emailed to Meredith Bracco (mbracco@udel.edu) no later than Friday, November 16th.