Secure your spot today!

IROQUOIS
Healthcare Association

Connecting Your Business to Upstate New York's Hospitals & Health Systems

IHA'S Annual Membership Meeting
Sponsorship Brochure

May 16-17 2024 Otesaga Resort & Hotel, Cooperstown, NY

Schedule of Events:

THURSDAY, MAY 16

12:00pm—1:30pm	UISS Board of Directors Meeting
2:00pm — 4:00pm	CEO Roundtable
5:00pm — 6:30pm	Cocktail Reception
6:30pm — 9:00pm	Dinner
	Dessert/Networking to follow

FRIDAY, MAY 17

10:00am — 12:30pm	IHA Board of Directors Meeting

Iroquois Healthcare Association
15 Executive Park Drive | Clifton Park, NY 12065 | www.iroquois.org | (518) 383-5060

SPONSORSHIP OPPORTUNITIES

The Iroquois Healthcare Association Annual Membership Meeting brings together CEOs from across Upstate New York.

Put your name in front of hospital and health system decision-makers!

Your support allows us to provide quality education and networking events for our members.

Standard Inclusions with Full Details Below:	CEO Roundtable	Cocktail Reception	Dinner Beverages	After Dinner Networking	Giveaway	IHA Board 'Break'
	$2,000*	**$2,000***	**$1,500****	**$1,000**	**$500**	**$250**
Placement of company's promotional gift in welcome bags (to be provided by the vendor)	x	x	x	x		x
Exclusive sponsorship opportunity with print and digital signage of company's logo during event	x					
Sponsor of giveaway item(s) (provided by IHA) provided to all Annual Meeting attendees					x	
Sponsor recognition on the Events page of IHA's website (www.iroquois.org)	x	x	x	x	x	x
Company featured in pre-conference promotional materials	x	x	x	x		
Print and digital signage of company's logo during 2-day event	x	x	x	x		
Attendance at Cocktail Reception	x(2)	x(2)	x(1)			
Attendance at Dinner	x(2)	x(2)	x(1)			
Attendance at After Dinner Drinks and Networking	x(2)	x(2)	x(1)	x(1)		
Verbal recognition of sponsorship during 2-day event	x	x	x	x	x	
Opportunity to provide marketing materials at all meetings and forums (to be provided by the vendor)	x	x	x			

Please note: Iroquois Healthcare Association (IHA) may be able to customize sponsorships to specifically meet your company's marketing objectives. If you desire a different level of contribution, please contact us about unique underwriting sponsorship opportunities. IHA reserves the right to exercise its sole discretion in the acceptance or refusal of applications for each program or event.

Sponsorship levels subject to change without notice based on availability.

SPONSORSHIP FORM

Please complete the following form to confirm your chosen sponsorship package. Completed forms can be returned to Kathleen Kirvin, VP of Marketing & Communications, at kkirvin@iroquois.org.
All forms along with payment must be received no later than Friday, May 3, 2024.

CONTACT INFORMATION:

Company Name

Contact Person

Contact E-mail Address

Contact Phone Number

Address

City/State/Zip Code

Website

IHA Annual Membership Meeting Sponsorship Level

Please mark as appropriate:

CEO Roundtable (1 available)	$2,000	$_____
Cocktail Reception	$2,000	$_____
Dinner Beverages	$1,500	$_____
After Dinner Networking	$1,000	$_____
Giveaway	$ 500	$_____
IHA Board Break	$ 250	$_____
Other		$_____
TOTAL:		$_____

PAYMENT INFORMATION:

_____ Please send me an invoice

_____ I have enclosed a check made payable to Iroquois Healthcare Association

_____ Please charge my credit card

□ Visa □ Mastercard □ AmEx □ Discover

Name on card: _____
Credit Card #: _____
Expiration Date: _____/_____ CCV:_____

THANK YOU FOR SUPPORTING IHA!

Once we receive your completed sponsorship form, Iroquois staff will contact you to discuss event arrangements, sponsorship benefits, and recognition.

Please send your high-resolution color and black-and-white logos (.EPS or vector preferred) to kkirvin@iroquois.org.

Please mail completed Sponsorship form and check made payable to:

**Iroquois Healthcare Association
Annual Membership Meeting
15 Executive Park Drive, Clifton Park, NY 12065**

Sponsorship forms paying by credit card can be emailed to kkirvin@iroquois.org.

Sponsor Deadline: Friday, May 3, 2024