

IHC Sponsorship Form



As a nonprofit organization, it takes support from partners such as you to achieve our mission of creating sustainable healthcare transformation across the nation. We are writing to request your support for our upcoming medical education conference focused on health equity, quality, patient safety, and amplifying the development of healthcare leaders.

The Iowa Healthcare Collaborative Annual Forum, hosted at the Prairie Meadows Event Center in Altoona, Iowa, will take place on June 19th, 2024. We anticipate that approximately 250 participants will be in attendance, including licensed healthcare professionals, healthcare administrators and industry representatives. Our Annual Forum event will include a variety of presentations and workshops on topics such as health equity, quality improvement, patient safety culture, leadership development, risk management, and community health. Speakers will share their insights and experiences on these topics, and participants will have the opportunity to learn, network and collaborate with colleagues from different institutions and disciplines.

The IHC Annual Forum is essential for promoting the development of healthcare leaders who are committed to improving quality of care and patient safety. By bringing together experts from different fields and promoting collaboration and networking, IHC will create a community of healthcare professionals who are dedicated to achieving these goals. Through your support, IHC is able to ensure this event is accessible to as many participants as possible.

IHC respectfully requests your consideration in supporting this event, which aims to positively impact healthcare delivery across the Midwest. Additional information regarding sponsorship and vendor opportunities, and benefits to your organization are enclosed.

Thank you for your consideration.
Sincerely,

A handwritten signature in black ink, appearing to read "Jen Brockman", written in a cursive style.

Jen Brockman, MHA, BSN, RN
Chief Clinical Program Officer
Iowa Healthcare Collaborative
brockmanj@ihconline.org

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2024 IOWA HEALTHCARE COLLABORATIVE ANNUAL FORUM SPONSORSHIP INFORMATION

Select one of the options below.

**Keynote Level Sponsorship – \$7,500
(Exclusive)**

- + Verbal recognition prior to keynote presentation
- + Two complimentary attendees to attend conference
- + Logo recognition on the program agenda
- + One complimentary marketing e-blast to attendees two weeks prior to conference
- + Company pop-up banner (provided by sponsor) displayed

Platinum Level Sponsorship – \$5,000

- + Verbal recognition prior to plenary session mention
- + Two complimentary attendees to attend conference.
- + Logo recognition on the program agenda
- + One complimentary marketing e-blast to attendees two weeks prior to conference
- + Company pop-up banner (provided by sponsor) displayed

Gold Level Sponsorship – \$3,000

- + One complimentary attendee to attend conference
- + Logo recognition on the program agenda
- + Company pop-up banner (provided by sponsor) displayed

**Breakfast Sponsorship – \$1,000
(Exclusive)**

- + Logo signage during breakfast
- + Logo recognition on the program agenda

**Lunch Sponsorship – \$2,000
(Exclusive)**

- + Logo signage during lunch
- + Logo recognition on the program agenda

**Afternoon Break Sponsorship – \$1,000
(Exclusive)**

- + Logo signage during break
- + Logo recognition on the program agenda

Other

- + Please Specify Amount Below:

Payment Information

An invoice will be emailed to the primary contact provided on this form. Payment options will be included on the invoice.

Submission and Questions

Please submit your form to the IHC Education Coordinator, Amber Rizzo at rizzo@ihconline.org (e-mail). If you have any questions regarding your sponsorship, please reach out to Amber Rizzo as well.

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PRIMARY CONTACT INFORMATION

Note: Complimentary admissions are for Platinum and Gold Sponsors

Please print clearly and legibly or type information below. IHC will be using this information to register you for this event.

Company Name (As it is to appear in the Program Agenda):

Primary Contact Person/Title (All future correspondence will be sent to this person):

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email (required): _____

SECONDARY CONTACT INFORMATION

Note: A second complimentary admission is for Platinum Sponsors ONLY

Secondary Contact Name/Title (All future correspondence will be sent to this person):

Telephone: _____ Fax: _____

Email (required): _____

Dietary Restrictions (if any): _____