

SPONSORSHIP APPLICATION

Sponsorships are available on a first-come, first-reserved basis by completing and returning this Sponsorship Application. Upon receipt of the application and indication of payment method, an e-mail will be sent confirming requested sponsorship item(s).

Sponsoring Organization: _____

Organization Contact: Name: _____

E-mail: _____

Phone Number: () - _____

OPPORTUNITIES

Check the box for the sponsorship opportunity you are requesting.

Platinum Level

☐ Reception \$15,000

Gold Level

☐ Facility Tour \$1,000 (+cost)

☐ Conference Tote Bag \$5,000

☐ Welcome Gift \$500 (+cost)

☐ Conference Portfolios \$5,000

☐ Wi-Fi \$5,000

☐ Mobile App \$5,000

☐ CD Wallet \$5,000

☐ Water Tumblers \$5,000

☐ Conference T-Shirts \$4,500

Silver Level

☐ Wellness Walk \$3,000

☐ Name Badge Pouches \$2,500

☐ Mid-Conference Power Pack \$500 (+cost)

☐ Going Home Basket \$500 (+cost)

☐ Conference Note Pads \$2,500

☐ Continental Breakfast Enhancement \$2,500

☐ Afternoon Break \$2,500

☐ Brain Boosters \$2,500

☐ Mid-Morning Coffee Break \$2,000

Bronze Level

☐ Guestroom Key Cards \$1,500

☐ Conference Pens \$1,500

☐ Conference Materials Web Site Home Page \$1,250

☐ Exhibit Guide Cover Logo \$1,250

☐ Exercise Session \$1,000

☐ Registration Bag Insert \$1,000

Advertising

☐ Exhibit Guide Ad (Outside Back Cover) \$1,000

☐ Exhibit Guide Ad (Inside Front Cover) \$500

☐ Exhibit Guide Ad (Standard) \$250

METHOD OF PAYMENT

☐ Check Payment

Make check payable to: **OptumHealth Education**

Federal Tax ID: 30-0238641

Mail payment to: OptumHealth Education
ATTN: Bethany Severson
MN010-S157
6300 Olson Memorial Highway
Minneapolis, MN 55427

☐ Credit Card Payment

☐ Visa

☐ MasterCard

☐ American Express

Credit Card Number: _____ Expiration Date: _____

Print Cardholder's Name: _____

I authorize and acknowledge all of the aforementioned charges will be posted to my credit card in the form of full payment for the items designated above.

Signature of Cardholder: _____ Date: _____

Sponsor agrees to pay above indicated sponsorship and/or advertising amount. Payment in full is due within 45 days upon receipt of application or OptumHealth Education reserves the right to withdraw the sponsorship.

Authorized Signature: _____ Date: _____