

SPONSORSHIP OPPORTUNITIES
September 30 – October 2, 2010

Resort at Squaw Creek

400 Squaw Creek Road
Olympic Valley, CA 96146
(North Shore Lake Tahoe)

**SUMMIT SPONSORSHIP OFFERS THE HIGHEST REGION-WIDE VISIBILITY
FOCUSED DIRECTLY AT YOUR HEALTH CARE TARGET AUDIENCE**

**Establish a powerful presence and make critical connections with key
decision makers**

**Reach out to the new clients and prospects
you've been searching for**

**Be recognized for your position as a market leader in the health care
field**

An exceptional marketing opportunity

MULTI-YEAR DISCOUNT PROGRAM

**10% DISCOUNT FOR THREE YEARS
WITH A THREE YEAR COMMITMENT**
(Invoiced annually)

Each year during the fall season, Hospital Council holds a 3 day "Summit" and convenes our member CEOs and other hospital and health system executives for leading edge presentations and discussions of industry concern. This event is open to members only and total Summit attendance averages at 250. Sponsors are invited to participate in all Summit activities providing continual networking opportunities over 3-days.

The Hospital Council of Northern and Central California is a nonprofit hospital and health system trade association established in 1961, representing 190 hospitals in 50 of California's 58 counties—from Kern County to the Oregon border. The Hospital Council's membership includes hospitals and health systems ranging from small, rural hospitals to large, urban medical centers, representing more than 38,000 licensed beds.

For additional information contact
Petrina Aiello, Manager Member Services
925-746-5106 paiello@hospitalcouncil.net

2010 Year-Round Sponsor Program

2010 DIAMOND SPONSOR - \$25,000

I. LEADERSHIP SUMMIT

- a. Eight complimentary full Summit registrations with an option to purchase up to eight additional registrations at 50 percent of the associate member rate. (network with your target hospital leaders while attending all summit sessions and events).
- b. One complimentary hotel accommodation available for two nights, during the conference.
- c. One showcase tabletop display (two 6' tables in L shape at the Sponsor Showcase Strolling Luncheon, offering extended unopposed time with hospital decision makers.
- d. Four color pages marketing piece (booklet style) inserted into each attendees Summit tote bag. [sponsor provided]
- e. Five PowerPoint slides of your logo display during general sessions. [exclusive slide]
- f. Registration list provided during the month prior to the Summit.
- g. Sponsorship acknowledgement on all Summit signage and collateral materials includes Hospital Council Newsletter and Summit registration site. [non exclusive]

II. HOSPITAL COUNCIL ASSOCIATE MEMBERSHIP

- a. One year enrollment as a Hospital Council Associate Member
- b. Your corporate listing in the California Hospital Association Membership Directory as a Hospital Council associate member, giving your company statewide visibility.
- c. Link to your company's website, providing a virtual tradeshow year-round, under the associate members tab on the Hospital Council's website.
- d. Access to the Association's expertise on a wide range of subjects, including federal and state legislation and issue management.
- e. Opportunity to sponsor two education programs. [non exclusive]
- f. Invitation and registration at the associate member rate for five company representatives to attend Hospital Council educational programs and events (Summit exempt), increasing the opportunity to network and build relationships with hospital executives year-round.
- g. Five e-mail subscriptions to Council Connect, the Hospital Council's monthly newsletter.
- h. Five complimentary copies of the California Hospital Association Statewide Membership Directory.

**2010 Leadership Summit
Sponsor Program
continued**

2010 Pearl (DINNER) SPONSOR - \$20,000 (1 only)

- a. Five complimentary Summit registrations with an option to purchase up to five additional registrations at 50 percent of the associate member rate. (network with your target hospital leaders while attending all summit sessions and events).
- b. Two reserved seats at dinner speaker's table
- c. One showcase tabletop display space (two 6' table in L shape) at the Sponsor Showcase Strolling Luncheon, offering extended unopposed time with hospital decision makers.
- d. One double-sided color marketing piece inserted into each attendees Summit tote bag. [sponsor provided]
- e. Four PowerPoint slides of your logo displayed during general sessions. [non-exclusive]
- f. Registration list provided during the month prior to the Summit.
- g. Sponsorship acknowledgement on all Summit signage and collateral materials; includes Hospital Council Newsletter and Summit registration site. [non exclusive]

I. HOSPITAL COUNCIL ASSOCIATE MEMBERSHIP

- a. One year enrollment as a Hospital Council Associate Member
- b. Your corporate listing in the California Hospital Association Membership Directory as a Hospital Council associate member, giving your company statewide visibility.
- c. Link to your company's website, providing a virtual tradeshow year-round, under the associate members tab on the Hospital Council's website.
- d. Access to the Association's expertise on a wide range of subjects, including federal and state legislation and issue management.
- e. Opportunity to sponsor two education programs. [non exclusive]
- f. Invitation and registration at the associate member rate for four company representatives to attend Hospital Council educational programs and events (Summit exempt), increasing the opportunity to network and build relationships with hospital executives year-round.
- g. Four e-mail subscriptions to Council Connect, the Hospital Council's monthly newsletter.
- h. Four complimentary copies of the California Hospital Association Statewide Membership Directory.

**2010 Leadership Summit
Sponsor Program
continued**

2010 GOLD SPONSOR - \$15,000

II. ANNUAL LEADERSHIP SUMMIT

- a. Four complimentary full Summit registrations with an option to purchase up to four additional registrations at 50 percent of the associate member rate. (network with your target hospital leaders while attending all summit sessions and events).
- b. One showcase tabletop display space (two 6' table in L shape) at the Sponsor Showcase Strolling Luncheon, offering extended unopposed time with hospital decision makers.
- c. Four PowerPoint slides of your logo displayed during general sessions. [non-exclusive]
- d. Registration list provided during the month prior to the Summit.
- e. Sponsorship acknowledgement on all Summit signage and collateral materials; includes Hospital Council Newsletter and Summit registration site. [non exclusive]

III. HOSPITAL COUNCIL ASSOCIATE MEMBERSHIP

- a. One year enrollment as a Hospital Council Associate Member
- b. Your corporate listing in the California Hospital Association Membership Directory as a Hospital Council associate member, giving your company statewide visibility.
- c. Link to your company's website, providing a virtual tradeshow year-round, under the associate members tab on the Hospital Council's website.
- d. Access to the Association's expertise on a wide range of subjects, including federal and state legislation and issue management.
- e. Opportunity to sponsor two education programs. [non exclusive]
- f. Invitation and registration at the associate member rate for four company representatives to attend Hospital Council educational programs and events (Summit exempt), increasing the opportunity to network and build relationships with hospital executives year-round.
- g. Three e-mail subscriptions to Council Connect, the Hospital Council's monthly newsletter.
- h. Three complimentary copies of the California Hospital Association Statewide Membership Directory.

**2010 Leadership Summit
Sponsor Program
continued**

2010 SILVER SPONSOR - \$12,000

I. ANNUAL LEADERSHIP SUMMIT

- a. Three complimentary full Summit registrations with an option to purchase up to three additional registrations at 50 percent of the associate member rate. (network with your target hospital leaders while attending all summit sessions and events).
- b. One showcase tabletop display (one 6' table) at the Sponsor Showcase Strolling Luncheon, offering extended unopposed time with hospital decision makers.
- c. Three PowerPoint slides of your logo displayed during general sessions. [non-exclusive]
- d. Registration list provided during the month prior to the Summit.
- e. Sponsorship acknowledgement on all Summit signage and collateral materials includes Hospital Council Newsletter and Summit registration site. [non exclusive]

II. HOSPITAL COUNCIL ASSOCIATE MEMBERSHIP

- a. One year enrollment as a Hospital Council Associate Member
- b. Your corporate listing in the California Hospital Association Membership Directory as a Hospital Council associate member, giving your company statewide visibility.
- c. Link to your company's website, providing a virtual tradeshow year-round, under the associate members tab on the Hospital Council's website.
- d. Access to the Association's expertise on a wide range of subjects, including federal and state legislation and issue management.
- e. Opportunity to sponsor two education programs. [non exclusive]
- f. Invitation and registration at the associate member rate for three company representatives to attend Hospital Council educational programs and events (Summit exempt), increasing the opportunity to network and build relationships with hospital executives year-round.
- g. Three-mail subscriptions to Council Connect, the Hospital Council's monthly newsletter.
- h. Three complimentary copies of the California Hospital Association Statewide Membership Directory.

**2010 Leadership Summit
Sponsor Program
continued**

2010 BRONZE SPONSOR - \$6,000

I. ANNUAL LEADERSHIP SUMMIT

- a. Two complimentary full Summit registration with an option to purchase up to two additional registrations at 50 percent of the associate member rate. (network with your target hospital leaders while attending all summit sessions and events).
- b. One showcase tabletop display (one 6' table) at the Sponsor Showcase Strolling Luncheon, offering extended unopposed time with Summit attendees.
- c. Two PowerPoint slide of your logo displayed during general sessions. [non exclusive]
- d. Registration list provided during the month prior to the Summit.
- e. Bronze level sponsorship acknowledgement on all Summit signage and collateral materials, includes Hospital Council Newsletter and Summit registration site. [non exclusive]

II. HOSPITAL COUNCIL ASSOCIATE MEMBERSHIP

- a. One year enrollment as a Hospital Council Associate Member
- b. Your corporate listing in the California Hospital Association Membership Directory as a Hospital Council associate member, giving your company statewide visibility.
- c. Link to your company's website, providing a virtual tradeshow year-round, under the associate members tab on the Hospital Council's website.
- d. Access to the Association's expertise on a wide range of subjects, including federal and state legislation and issue management.
- e. Opportunity to sponsor two education programs. [non exclusive]
- f. Invitation and registration at the associate member rate for two company representatives to attend Hospital Council educational programs and events (Summit exempt), increasing the opportunity to network and build relationships with hospital executives year-round.
- g. One e-mail subscriptions to Council Connect, the Hospital Council's monthly newsletter.
- h. One complimentary copies of the California Hospital Association Statewide Membership Directory.

**2010 Leadership Summit
Sponsor Program
continued**

FRIENDS OF THE SUMMIT

1. \$ 5,000 Welcome Gift Sponsor (1)

- Two complimentary Summit registrations with an option to purchase up to two additional registrations at 50 percent of the associate member rate. (network with your target hospital leaders while attending all summit sessions and events).
- Acknowledgement on all Summit signage
- *Hospital Council Associate Membership

2. \$ 5,000 Tote Bag Sponsor (1)

- Two complimentary Summit registrations with an option to purchase up to two additional registrations at 50 percent of the associate member rate. (network with your target hospital leaders while attending all summit sessions and events).
- Acknowledgement on all Summit signage
- *Hospital Council Associate Membership

3. \$ 5,000 Lanyard Sponsor (1)

- Two complimentary Summit registrations with an option to purchase up to two additional registrations at 50 percent of the associate member rate. (network with your target hospital leaders while attending all summit sessions and events).
- Acknowledgement on all Summit signage
- *Hospital Council Associate Membership

4. \$ 5,000 Book Sponsor (1)

- Two complimentary Summit registrations with an option to purchase up to two additional registrations at 50 percent of the associate member rate. (network with your target hospital leaders while attending all summit sessions and events).
- Acknowledgement on all Summit signage
- *Hospital Council Associate Membership

5. \$ 4,000 Breakfast Sponsor, (multiple)

- Two complimentary Summit registrations with an option to purchase up to two additional registrations at 50 percent of the associate member rate. (network with your target hospital leaders while attending all summit sessions and events).
- Acknowledgement on all Summit signage
- *Hospital Council Associate Membership

**2010 Leadership Summit
Sponsor Program
continued**

6. \$ 4,000 Networking Break Sponsor, (multiple)

- Two complimentary Summit registrations with an option to purchase up to two additional registrations at 50 percent of the associate member rate. (network with your target hospital leaders while attending all summit sessions and events).
- Acknowledgement on all Summit signage
- *Hospital Council Associate Membership

7. \$ 3,000 On-site Pocket Guide Sponsor, with logo, (non-exclusive, 2 available)

- Two complimentary Summit registrations with an option to purchase up to two additional registrations at 50 percent of the associate member rate. (network with your target hospital leaders while attending all summit sessions and events).
- Acknowledgement on all Summit signage
- *Hospital Council Associate Membership

8. \$ 3,000 Summit Syllabus CD Sponsor, with logo, (non-exclusive, 2 max)

- Two complimentary Summit registrations with an option to purchase up to two additional registrations at 50 percent of the associate member rate. (network with your target hospital leaders while attending all summit sessions and events).
- Acknowledgement on all Summit signage
- *Hospital Council Associate Membership

***HOSPITAL COUNCIL ASSOCIATE MEMBERSHIP**

- a. One year enrollment as a Hospital Council Associate Member
- b. Your corporate listing in the California Hospital Association Membership Directory as a Hospital Council associate member, giving your company statewide visibility.
- c. Link to your company's website, providing a virtual tradeshow year-round, under the associate members tab on the Hospital Council's website.
- d. Access to the Association's expertise on a wide range of subjects, including federal and state legislation and issue management
- e. Invitation and registration at the associate member rate for two company representatives to attend Hospital Council educational programs and events (Summit exempt), increasing the opportunity to network and build relationships with hospital executives year-round.
- f. One e-mail subscriptions to Council Connect, the Hospital Council's monthly newsletter.
- g. One complimentary copies of the California Hospital Association Statewide Membership Directory.

2010 Year-Round Sponsorship Enrollment

Sponsor Term and Level Commitment

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> 1 Year Commitment
(2010 only) | <input type="checkbox"/> Diamond - \$25,000
<input type="checkbox"/> Pearl - \$20,000 (1 –dinner)
<input type="checkbox"/> Gold - \$15,000
<input type="checkbox"/> Silver - \$12,000
<input type="checkbox"/> Bronze - \$6,000 | Friends of the Summit
<input type="checkbox"/> Welcome Gift Sponsor - \$5,000 (1)
<input type="checkbox"/> Tote Bag Sponsor - \$5,000 (1)
<input type="checkbox"/> Lanyard Sponsor - \$5,000 (1)
<input type="checkbox"/> Book Sponsor - \$5,000 (1)
<input type="checkbox"/> Breakfast Sponsor - \$4,000 (6)
<input type="checkbox"/> Break Sponsor- \$3,000 (4)
<input type="checkbox"/> Pocket Guide Sponsor-\$3,000 (2)
<input type="checkbox"/> Syllabus CD Sponsor -\$3,000 (2) | <input type="checkbox"/> Contact me with
information about statewide
visibility and monthly
networking opportunities
with the California Hospital
Association Political Action
Committee (CHPAC) |
|---|---|---|--|
- 3 Year Commitment
(2010, 2011, 2012)
★ Invoiced annually
★ Same level or higher
★ 10% discount applies all
3 yrs

PLEASE PRINT

Company/Organization _____

Street Address _____

City/State/Zip _____

Phone _____ Fax _____

Website: _____ Federal Tax I.D. Number _____

Authorized Representative _____
(Name) (Title)

Phone _____ E-mail _____

Main Company Contact _____
(Name) (Title)

Phone _____ E-mail _____

Type of Ownership Sole Proprietor Partnership Professional Corporation For-Profit Corporation Not-For-Profit Corporation

COMPANY/ORGANIZATION DESCRIPTION Please attach a one paragraph description of the company/organization. Information should include a brief description of the organizational structure, products, services, and client mix. Enrollment form will not be processed without this description.

Company/organization agrees to abide by the bylaws and all rules and regulations the Hospital Council and understands that associate membership is subject to approval by the Hospital Council Board of Directors. This company/organization also understands that associate members are non-voting members of the Hospital Council and that the granting of associate membership does not in any way constitute an endorsement of services and/or products by the Hospital Council.

Authorized Company/Organization Representative

Signature _____ Date _____

Print Name _____ Title: _____

PAYMENT METHOD

- Please send invoice Check Enclosed, payable to the Hospital Council, 877 Ygnacio Valley Rd, #210, Walnut Creek, CA 94596
 Payment by Credit Card MasterCard Visa

Card Number _____ Total Amount Authorized _____

"CID" Code _____ (Three digit identification number on back of card) Expiration Date _____ Billing Zip Code _____

Name on Card _____ Cardholder Signature _____