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WOMEN IN HEALTHCARE FLORIDA CHAPTER

SPONSORSHIP OPPORTUNITIES



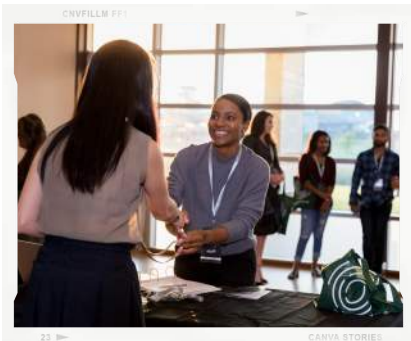
promoting the
professional development of women
in the healthcare industry

WHAT IS WOMEN IN HEALTHCARE?



OUR MISSION

The mission of our organization is to promote the professional development of women in the healthcare industry, to empower one another, support growth and mentorship, and support business through sharing successful techniques, leads, contacts, products and services. Our content is geared towards women in administration, operations and facilities and those who work with them. We provide content that furthers the individuals' knowledge of industry related fields and trends, enhances professional development tools, and gives a forum for personal growth.



WHY SPONSOR?

- High visibility for low cost
- Exposure to hundreds of healthcare professionals and decision makers in Florida
- Stand out from the competition and lead by example
- Build your reputation and brand in the healthcare industry through cost-effective marketing that delivers opportunities!



WHO SHOULD SPONSOR?

- Healthcare services and facilities
- Medical equipment and supply manufacturers
- Healthcare Consultants
- Healthcare recruitment agencies
- A/E/C firms



HOW CAN I SPONSOR?

- Platinum, Gold, Silver, Bronze Sponsorship
- Annual, Luncheon/Panel, Virtual, Outreach and/or Networking
- In-Kind including media, photography, door prizes, promotional materials, training, etc.

EVENT PACKAGES

EVENT SPONSORSHIP PACKAGES

PACKAGES	BRONZE (\$300 MEM \$400 NON)	SILVER (\$500 MEM \$650 NON)	GOLD (\$1,000 MEM \$1,250 NON)	PLATINUM (\$2,000 MEM \$2,300 NON)
Free Event Registration(s)	1	2	3	4
2-minute Intro of Company @ start of Event	✓	✓	✓	✓
Access to Speakers	✓	✓	✓	✓
Reserved Seating @ Event	✓	✓	✓	✓
Company Display @ Event (banner stand or signage provided by Sponsor)	✓	✓	✓	✓
Firm Swag @ Event Tables	✓	✓	✓	✓
Logo on WIH Event Promotions	✓	✓	✓	✓
Verbal Recognition prior to start of Event	✓	✓	✓	✓

MISC. PACKAGES	VIRTUAL OUTREACH NETWORKING EVENT (\$250 MEM, \$300 NON)	IN-KIND (MEDIA, PHOTOGRAPHY, DOOR PRIZES, PROMOTIONAL MATERIALS, TRAINING, EVENT FOOD/BEVERAGES, ETC)
Free Event Registration(s)	1	✓
Logo on All Event Promotions	✓	✓
Firm Swag @ Event Tables	✓	✓

In-Kind Sponsors will be recognized at the value of their donation as an Annual Sponsor

ANNUAL PACKAGES

ANNUAL SPONSORSHIP PACKAGES

PACKAGES	HOSPITAL FRIEND (\$250)	SILVER (\$500)	GOLD (\$1,000)	PLATINUM (\$2,000)	DIAMOND (\$3,000)
Company Logo and Link on WIH Florida Chapter website	Small	Small	Medium	Large	Large
Membership Discount	Complimentary Membership (x1)	50% off Membership (x1)	Complimentary Membership (x1)	Complimentary Membership (x2)	Complimentary Membership (x3)
Complimentary Registration(s) to WIH Florida Chapter events	(1) Complimentary Registration to (1) WIH Event**	(1) Complimentary Registration to (1) WIH Event**	(1) Complimentary Registration to (2) WIH Events**	(1) Complimentary Registration to (3) WIH Events	(1) Complimentary Registration to all WIH Events
Company Logo for Sponsor Recognition on Promotional Material for/at Events	X	X	Medium	Large	Large
Verbal Recognition at All Events	X	X	X	✓	✓
Opportunity to host (1) WIH Florida Chapter Event	X	X	X	X	✓

**excludes Signature Event

[Email florida@womeninhealthcare.org](mailto:florida@womeninhealthcare.org) for more information

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THANK YOU

CONTACT US

florida.womeninhealthcare.org

florida@womeninhealthcare.org

Follow Us on LinkedIn!

SPONSORSHIP PACKAGE FORM

Name _____ Phone _____ Email _____
Address _____ City/State/Zip _____
Phone _____ Firm Name _____

Yes, my firm will be happy to participate as a Sponsor for [Women In Healthcare - Florida Chapter](#) as indicated on this form. I understand that participation is FIRST COME, FIRST SERVE, based upon receipt of payment.

How would you like to sponsor [Women In Healthcare - Florida Chapter](#)? Select One.

EVENT SPONSORSHIPS

- Bronze
- Silver
- Gold
- Platinum
- Virtual | Outreach | Networking
- In-Kind

ANNUAL SPONSORSHIPS

- "Hospital Friend"
- Silver
- Gold
- Platinum
- Diamond

PAYMENT

Check enclosed in the amount of \$ _____

Please mail check and this form to:

Women In Healthcare - Florida Chapter
ATTN: Vanessa Tyler, Treasurer
12271 Towne Lake Drive
Fort Myers, FL 33913

For credit card payments:

Please charge my MasterCard/Visa/American Express in the amount of \$ _____

Credit Card # _____ Exp Date _____

Name on Credit Card _____ Zip Code _____

Signature _____ CVV Code _____

Women
IN HEALTHCARE
FLORIDA CHAPTER