



## Sponsorship Opportunities

### Platinum Sponsor: \$10,000

Experience maximum impact for your marketing dollars with promotional opportunities for every Health Workforce Collaborative engagement. Benefits include:

- Company/organization name and logo listed as Platinum Sponsor on website with click-through link.
- Company/organization name and logo listed as Platinum Sponsor in email communications with click-through link.
- Company/organization name acknowledged as Platinum Sponsor during webinars and demonstrations
- Company/organization name acknowledged as Platinum Sponsor during external meetings
- Company/organization name and logo featured as Platinum Sponsor in "Sponsor Recognition" email quarterly

### Gold Sponsor: \$5,000

Reach your ideal health workforce audience as a sponsor of our website and email communications. Benefits include:

- Company/organization name and logo listed as Gold Sponsor on website with click-through link
- Company/organization name and logo listed as Gold Sponsor in email communications with click-through link
- Company/organization name and logo featured as Gold Sponsor in "Sponsor Recognition" email quarterly

### Silver Sponsor: \$2,500

Reach an expanded audience as a website sponsor. Benefit includes:

- Company/organization name and logo listed as Silver Sponsor on website with click-through link

### Bronze Sponsor: \$1,000

Support the ongoing development of the Health Workforce Collaborative. Benefit includes:

- Company/organization name and logo listed as Bronze Sponsor on website with click-through link.



## Sponsorship Agreement

Business Name: \_\_\_\_\_

Website: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person Name/Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Please indicate your sponsor level

- Platinum (\$10,000)
- Gold (\$5,000)
- Silver (\$2,500)
- Bronze (\$1,000)

**For inclusion in marketing activities - Email logo in [PC] format to [[email here](#)]**

**Questions? Contact [[phone or email](#)]**

**Mail signed Sponsorship Agreement with check payable to:**

**Health Workforce Collaborative  
20 Duncan St, Warsaw, NY 14569**

**Once we receive your information, we will be in contact with updates and next steps.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

**Thank you!**