



## 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)

☐ Silver (\$2,500)

☐ Gold (\$5,000)

☐ Bronze (\$1,000)

**Questions? Contact [info@healthworkforcecollaborative.org](mailto:info@healthworkforcecollaborative.org)**

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

**Health Workforce Collaborative**

**20 Duncan Street**

**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!**