

HASC 2023 EDUCATION SPONSORSHIP OPPORTUNITIES

SPONSOR AGREEMENT FORM



Please email this completed form to thollingsworth@hasc.org. For any questions, call (213) 538-0763.

1. ORGANIZATION INFORMATION (PLEASE PRINT CLEARLY)

<i>Organization</i>		<i>Website</i>	
<i>Street address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Primary contact information (required — will receive all follow-up communication)</i>			
<i>First name</i>		<i>Last name</i>	
<i>Title</i>	<i>Email</i>	<i>Phone</i>	

2. SPONSORSHIP LEVELS

Please check the appropriate boxes. For full details on sponsorship opportunities, visit www.hasc.org/2023-education-sponsorship.

PREMIER SPONSOR - \$25,000

Includes:

- Associate membership
- Company logo and link on HASC website
- Introduction in HASC's newsletter
- Logo and brand recognition in education program material
- Speaker introduction for two programs
- Exclusive access (no competing sponsors)
- Member rates for HASC Annual Meeting, services and education programs
- Subscription to HASC newsletters
- Invitation to Associate Member Luncheon
- Attendee list for selected programs
- Two webinar opportunities
- Four complimentary LEAD Academy registrations

LEAD SPONSOR - \$15,000

Includes:

- Associate membership
- Company logo and link on HASC website
- Introduction in HASC's newsletter
- Logo and brand recognition in education program material
- Speaker introduction for one program
- Member rates for HASC Annual Meeting, services and education programs
- Subscription to HASC newsletters
- Invitation to Associate Member Luncheon
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- One webinar opportunity
- Two complimentary LEAD Academy registrations

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SUPPORTER SPONSOR - \$10,000

Includes:

- Associate membership
- Company logo and link on HASC website
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- Logo and brand recognition in education program material
- Member rates for the Annual Meeting, services and education programs
- Subscription to HASC newsletters
- Invitation to Associate Member Luncheon
- Attendee list for selected programs
- One complimentary LEAD Academy registration

FRIEND SPONSOR - \$5,000

Includes:

- Introduction in HASC's newsletter
- Brand recognition in education program material
- One complimentary LEAD Academy registration

3. PAYMENT INFORMATION

Once the sponsorship agreement has been signed and returned to HASC, an invoice will be issued.

4. OPTIONAL: DONATION TO THE DIVERSITY IN HEALTH CARE SCHOLARSHIP PROGRAM

The Diversity in Health Care Scholarship Program is funded by Communities Lifting Communities (CLC). A nonprofit community health improvement initiative led by HASC, CLC (EIN 85-3745993) accomplishes the Association's charitable objectives and provides resources to reduce disparities and increase health equity in Southern California. To make a scholarship donation, please visit communities.hasc.org/pod/donate/.

5. SIGNATURE

Signature

Print name

Title

Organization

Date

Thank you for supporting HASC Education Programs. For any questions, please contact Teri Hollingsworth, Vice President of Human Resources and Education Services, at thollingsworth@hasc.org or (213) 538-0763.

EDUCATION SPONSOR
ASSOCIATE CORPORATE
MEMBERSHIP APPLICATION



Application is hereby made for associate membership in the Hospital Association of Southern California. Applicant agrees to abide by the bylaws and all rules and regulations.

Organization name

Organization website

Standard Industrial Classification (SIC) code

Mailing street address, city, state and zip

Organization phone

Applicant's name

Business card title

Applicant's phone

Applicant's email

Business Description

Business References (Required: two references from current HASC member hospitals and systems)

Name

Title

Organization name

Street address, city, state and zip

Phone

Email

Name

Title

Organization name

Street address, city, state and zip

Phone

Email

EDUCATION SPONSOR ASSOCIATE CORPORATE MEMBERSHIP APPLICATION



Directory Information

1.	_____	_____	_____
	<i>Name of CEO</i>	<i>Title</i>	<i>Email</i>
2.	_____	_____	_____
	<i>Primary Contact, Southern CA</i>	<i>Title</i>	<i>Email</i>
3.	_____	_____	_____
	<i>Name</i>	<i>Title</i>	<i>Email</i>
4.	_____	_____	_____
	<i>Name</i>	<i>Title</i>	<i>Email</i>

Please include a high-quality file of your organization's logo with this application.

Application Process

Applications for associate membership are subject to review by the Executive Committee, which may request additional information or material. Applicants will be notified of membership effective date. Please email your completed application form and logo to thollingsworth@hasc.org.

The purpose of associate membership is to serve organizations doing business with HASC member hospitals. Benefits shall include information services and networking opportunities. **The granting of an associate membership does not in any way constitute or imply HASC's endorsement of services or products.** Use of the HASC logos or any statements of endorsement without HASC consent shall result in loss of membership and possible legal action.

Associate membership is limited to companies not eligible for organizational or related membership.

CONTACT

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+1 (213) 538-0763
thollingsworth@hasc.org