



HEALTH PARTNERSHIP CLINIC OPENING DOORS LUNCHEON SPONSORSHIP OPPORTUNITIES

Thursday, April 11, 2024 | 11:30 a.m. | Overland Park Convention Center

QUESTIONS? CONTACT: Drew Meyer, Development Director
913-276-7012 | dmeyer@hpcks.org

PLATINUM SPONSOR: \$10,000

- Prominent name/logo placement on publicity materials
- Two-page ad in Luncheon program
- Company logo in Luncheon program
- Prominent Logo and company link on HPC website
- Recognition in social media and spotlight post
- Logo table signage
- Two reserved tables of ten, prominent seating
- Verbal recognition at event

SILVER SPONSOR: \$2,500

- Name/logo placement on Luncheon publicity materials
- Name recognition in Luncheon program
- Logo and company link on HPC website
- Recognition in social media
- Logo table signage
- One reserved table of ten, priority seating

LUNCHEON CHAMPION: \$1,000

- Name recognition in Luncheon program
- Recognition in social media
- One reserved table of ten, preferred seating

GOLD SPONSOR: \$5,000

- Name/logo placement on Luncheon publicity materials
- One-page ad in Luncheon program
- Company logo in Luncheon program
- Logo and company link on HPC website
- Recognition in social media
- Logo table signage
- One reserved table of ten, priority seating

BRONZE SPONSOR: \$1,500

- Name/logo placement on Luncheon publicity materials
- Name recognition in Luncheon program
- Name and company link on HPC website
- Recognition in social media
- Logo table signage
- One reserved table of ten, preferred seating

Individual Ticket \$100

TO SPONSOR, COMPLETE THE ENCLOSED FORM, OR CONTACT:

DREW MEYER | 913-276-7012 | dmeyer@hpcks.org





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PLEASE SELECT YOUR SPONSORSHIP LEVEL:

- PLATINUM: \$10,000
- GOLD: \$5,000
- SILVER: \$2,500
- I/We cannot attend, but would like to make a fully tax-deductible contribution of \$_____ to Health Partnership Clinic, in honor of _____.
- I/We decline any goods or services in exchange for sponsorship and will not be attending.
- BRONZE: \$1,500
- LUNCHEON SPONSOR: \$1,000
- INDIVIDUAL TICKET: \$100

SPONSOR INFORMATION:

SPONSOR NAME: _____
Company, organization, or individual name as it should appear in all published recognition.

CONTACT NAME: _____

ADDRESS: _____

CITY | STATE | ZIP: _____

EMAIL: _____ PHONE: _____

- INVOICE | Please send an invoice for sponsorship payment.
- CHECK | Enclosed is my check made out to Health Partnership Clinic.
- CREDIT CARD | Information provided below.

NAME ON CARD: _____ CARD TYPE: _____ VISA _____ MC _____ AMEX _____ DC

BILLING ADDRESS: _____

CARD NUMBER: _____ CVV NUMBER _____ EXP. DATE _____

MAIL TO: Health Partnership Clinic
Development Office
405 S. Clairborne, Suite 2
Olathe, KS 66062

QUESTIONS ABOUT SPONSORSHIP? CONTACT:
DREW MEYER | 913-276-7012 | dmeyer@hpcks.org

