



# HEALTH PARTNERSHIP CLINIC OPENING DOORS LUNCHEON

Medical • Dental • Behavioral Health

Thursday, April 24, 2025 | 11:30 a.m. | Overland Park Convention Center

## SPONSORSHIP OPPORTUNITIES

### 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

### 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
- Verbal recognition at event

### 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 THIS FORM, OR CONTACT:**

**HAYWARD LAFFERTY | 913-276-7012 | [hlafferty@hpcks.org](mailto:hlafferty@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 CHAMPION: \$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 Rd., Ste. 2  
Olathe, KS 66062

### QUESTIONS ABOUT SPONSORSHIP? CONTACT:

**HAYWARD LAFFERTY | 913-276-7012 | [hlafferty@hpcks.org](mailto:hlafferty@hpcks.org)**

