



HEALTH PARTNERSHIP CLINIC OPENING DOORS LUNCHEON

Medical • Dental • Behavioral Health

Wednesday, April 22, 2026 | 11:30 a.m. | Overland Park Convention Center

SPONSORSHIP OPPORTUNITIES

PRESENTING SPONSOR: \$15,000

- Top billing on publicity materials
- Top billing of logo in luncheon program
- Exclusive logo placement on front of program
- Two-page ad spread in program and inside cover or back cover ad placement
- Top billing of logo and company link on HPC website
- Recognition in social media and spotlight post
- Logo table signage
- Verbal recognition at event
- Two reserved tables of 10, prominent seating

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
- Verbal recognition at event
- Two reserved tables of ten, prominent 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
- Verbal recognition at event
- One reserved table of ten, priority seating

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

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

LUNCHEON CHAMPION: \$1,000

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

Individual Ticket: \$100

**TO SPONSOR, COMPLETE THIS FORM
AND EMAIL, OR CONTACT:**

**CATHERINE RICE | 913-730-3680
crice@hpcks.org**



HEALTH PARTNERSHIP CLINIC 2026 OPENING DOORS LUNCHEON

PLEASE SELECT YOUR SPONSORSHIP LEVEL:

- | | |
|---|---|
| <input type="checkbox"/> PRESENTING: \$15,000 SOLD! | <input type="checkbox"/> BRONZE: \$1,500 |
| <input type="checkbox"/> PLATINUM: \$10,000 | <input type="checkbox"/> LUNCHEON CHAMPION: \$1,000 |
| <input type="checkbox"/> GOLD: \$5,000 | <input type="checkbox"/> INDIVIDUAL TICKET: \$100 |
| <input type="checkbox"/> SILVER: \$2,500 | |
| <input type="checkbox"/> I/We cannot attend, but would like to make a fully tax-deductible contribution of \$ _____
to Health Partnership Clinic, in honor of _____. | |
| <input type="checkbox"/> I/We decline any goods or services in exchange for sponsorship and will not be attending. | |

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 payable 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:

CATHERINE RICE | 913-730-3680 | crice@hpcks.org

