



MHQP 25th Anniversary Celebration – Sponsorship Opportunities

Champion \$100,000 (1 available)

- Two VIP tables (seating for 24), w/logo placement at table
- Full page ad in program book - Inside cover or back cover
- Speaking opportunity from the podium
- Stand-alone logo on screen during dinner
- Recognition in event materials and online event promotion
- Logo on event page of website
- Complimentary Valet Parking for guests
- Two hotel rooms for the evening of April 6, 2020
- Name included in official event press materials; listed as presenting sponsor

Patron \$50,000

- Two VIP tables (seating for 20), w/logo placement at table
- Full page ad in program book
- Part of sponsor thank you presentation during dinner
- Recognition from podium, in event materials and online promotion
- Complimentary Valet Parking for guests
- Name included in official press materials

Leader \$20,000

- One table (seating for 12)
- Full page ad in program book
- Logo placement at the table
- Part of sponsor thank you presentation during dinner
- Recognition from the podium, in event materials and event promotion

Collaborator \$10,000

- One table (seating for 8)
- 1/2 page ad in program book
- Recognition in event materials

Supporter \$5,000

- Four (4) tickets
- 1/4 page ad in program book
- Recognition in event materials

Individual tickets \$250



25th ANNIVERSARY CELEBRATION SPONSORSHIP REPLY FORM

CONTRIBUTION:

We will contribute \$ _____

PAYMENT OPTIONS:

Check (payable to Massachusetts Health Quality Partners)

SPONSORSHIP LEVELS: (Please select one)

- Champion (\$100,000)
- Patron (\$50,000)
- Leader (\$20,000)
- Collaborator (\$10,000)
- Supporter (\$5,000)

MAIL TO:

Massachusetts Healthy Quality Partners
42 Pleasant Street #3
Watertown, MA 02472
Tax ID #04-3542817

All sponsorship levels include logo presence and ad in the program book. MHQP will follow-up for creative materials. For questions, please contact: melissa@mjhcomm.com

CONTACT INFORMATION

I prefer to remain anonymous

Contact Name (as you wish to be listed)

Company Name

Address (Number and Street)

City, State, Zip Code

Office Phone/Mobile Phone

Email

Signature

We will contact you prior to the event to obtain the names of your guests who will be attending. Tickets will be held at the registration desk on the night of the event.