

Florida Health Care Association

60th Anniversary

Diamond Elite Sponsorship

We invite you to participate as a Diamond sponsor of our 60th Anniversary. This unique opportunity will provide your business with targeted exposure and goodwill during our celebrations through communications, events and special benefits. Join us in making our diamond anniversary unforgettable!

Diamond Elite Sponsorship (non-exclusive)- \$2,500

Sponsorship Includes:

A Look Back at 60 Years of Caring Rotunda

This high traffic rotunda will be prominently decorated with a 6 ft 60th logo floor graphic and column wraps.

- o Logo Recognition on one of the Column Wraps

60th Anniversary Champagne Toast

Co-Sponsor the first ever champagne toast as we celebrate 60 years of caring at the Circle of Excellence Awards Luncheon.

- o Sponsored company logo would then be prominently displayed on the jumbo screen during the toast
- o Logo recognition on 60th placecard at each seat at the Circle of Excellence Awards Luncheon
- o Four tickets to the Circle of Excellence Luncheon on July 10

Additional Benefits:

- o Logo Recognition on 60 Years of Caring Microsite
- o Logo Recognition on PowerPoint presentations at the conference membership meetings and Circle of Excellence Luncheon
- o Recognition in FHCA publications through a listing in the FHCA Membership Directory & Buyers Guide, the Online Buyers' Guide, PULSE and Focus on Florida
- o Special signage in individual booth

Contact Jenny Early at (850) 224-3907 or by email at jeary@fhca.org with any questions.



60th Anniversary Diamond Sponsorship Opportunity

CONTACT INFORMATION (please print clearly)

Contact Name _____ Email _____

Company _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

PAYMENT INFORMATION (please note that sponsorships must be prepaid)

Check Enclosed (make payable to FHCA)

Charge My: American Express Master Card VISA Discover

Card Number _____ Expiration Date _____

Cardholder's Name (please print) _____ Security Code _____

Signature _____

Authorized Amount \$ _____

Mail checks to FHCA, P.O. Box 1459, Tallahassee, FL 32302-1459
or fax credit card payments to (850) 681-2075.



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