

## Great Plains Tribal Chairmen's Health Board **Sponsorship Application**

To learn more about GPTCHB visit www.gptchb.org.

## **Sponsorship Opportunities**

Support GPTCHB and its efforts to bring quality public health advocacy and technical assistance to the 18 tribal communities of the Great Plains through a monetary contribution or an in-kind gift. A Tiwahe (Lakota for "Immediate Family") Supporter allows GPTCHB to support and gain participation from our tribal leadership family, while a Tiospaye (Lakota for "Extended Family") Supporter allows the voices of additional health representatives from Great Plains tribes to be heard. Finally, an Oyate (Lakota for "People") Supporter ensures the participation and support of a broader tribal health care contingent. All donors will be recognized during our annual health summit and can advertise further by inserting materials into summit bags and/or program binders.

Sponsorship Confirmation	
Organization:	Contact Person:
Address:State/Zip:	City:
Levels and Amounts	
Tiwahe Supporter: \$3,000 – Publ	lic recognition in annual summit program, verbally, and on the
GPTCHB website and social media site	es.
	blic recognition in annual summit program, verbally, and on the
GPTCHB website and social media site	es, as well as one free booth space.
Oyate Supporter: \$9,000 – Publi	c recognition in annual summit program, verbally, and on the
GPTCHB website and social media s	sites, two free booth spaces, 30 minutes plenary time on the
conference agenda, summit recognit	ion and honoring gift.
Other Gift/In-Kind Sponsor: Publi	ic recognition verbally and on the GPTCHB website and social
media sites (please specify the item(s	s) you will provide):
Payment	
☐Check/Money Order ☐PO Numl	ber 🔲 Visa 🔲 Master Card 🔲 American Express
Credit Card Number:	
Amount Enclosed:	

Return this form along with the sponsorship fee to:

Great Plains Tribal Chairmen's Health Board; Attention: Marybeth Martin 1770 Rand Road Rapid City, SD 57702