

Healthcare Council of Western Pennsylvania's
Annual Membership Meeting and Fall Conference

Friday, September 27, 2019
Pittsburgh Marriott North

Sponsorship Intention Form

Name of Organization: _____

Name of Contact for Sponsorship: _____

Telephone Number of Contact: _____

Email Address of Contact: _____

INDICATE SPONSORSHIP LEVEL:

Chairman: \$2,000 _____

Exhibit: Yes / No # Tables (w/white linens): 1 or 2 Electric: Yes / No

President: \$1,500 _____

Exhibit: Yes / No 1 Table (w/white linens) Electric: Yes / No

Director: \$1,000 _____

Exhibit: Yes / No 1Table (w/white linens) Electric: Yes / No

Friend: \$500 _____

Please return this form via email to Pat Raffaele patricia.raffaele@hcwp.org or Toni Bresnahan at toni.bresnahan@hcwp.org ***no later than August 16*** to be included on the ***invitation as a sponsor of the event***. Please note that ***payment must be received by September 13, 2019*** to be included as a sponsor of the event.

THANK YOU FOR YOUR SUPPORT!

