Sponsorship/Exhibitor Opportunities
A La Carte

A variety of options for sponsors/exhibitors who are looking for an opportunity to create visibility for their products and services and network with a specific audience such as: hospice and palliative care physicians, regulatory/compliance professionals, social workers, volunteers, administrators, etc. Packages can be customized to assist you in accomplishing your objectives and goals.

HPCNM is a membership association for hospice and palliative care programs, services and facilities in the state of Maryland. We represent and support the varied organizations that align with our mission

_The mission of the Hospice & Palliative Care Network of Maryland is to lead and advance quality hospice and palliative care by serving as an advocate and resource for all Marylanders._

Contact Peggy Funk for additional information on sponsorship opportunities

peggy.funk@hnmd.org

410.891.5741
Board of Directors Meeting—$1,000 each
Benefits include:
◆ Thirty-minute presentation at the beginning of a Board of Directors meeting of your choice
◆ An attendee list for one-time use
◆ One 250 word follow up article in the Tuesday Tidbits (to be written by sponsor and approved by HPCNM)

New Leadership Welcome Reception—$1,500
Statistics show that over the past few years in Maryland, there has been a significant turnover in leadership (39%). HPCNM is planning a “New Leadership” Welcome Reception with an expected attendance of approximately 50 individuals to welcome these individuals to the Network.
Benefits include:
◆ Exhibitor Table
◆ One complimentary ticket
◆ Two-minute commercial during the event
◆ Website banner ad with logo and link on the event page
◆ Podium recognition
◆ Your logo on all promotional materials
◆ Attendee list for one-time use

Hospice & Palliative Care Leadership Forum
Choose your level of support:
**Event Sponsor**—$2,000
Benefits include: one event registration, podium recognition, logo on all marketing materials, exhibit table at the event, recognition in *Tuesday Tidbits*, attendee list for one-time use

**Lunch/Break Sponsor**—$1,000
Benefits include: one event registration, podium recognition, table signage, exhibit table

**HPCNM Virtual Conference**—$2,000
Benefits Include:
◆ One three-minute commercial during the Conference
◆ Your logo on all promotional materials
◆ Recognition by the Moderator
◆ Attendee list for one-time use

HPCNM Webinar Series—$2,500
This quarterly educational series is presented as a member benefit and is designed for the hospice interdisciplinary team members. Benefits Include:
◆ Sponsor recognition at the beginning and end of each program
◆ Opportunity for a two-minute commercial two times per year
◆ Logo on all program printed and electronic materials
◆ Logo with a link to your webpage on the Muffins webpage

Regulatory Conference—April 2020
Attendees will benefit from information on regulatory and quality reporting mandates and best practices.
Choose your level of support for either one:
**Event Sponsor**—$2,000 | $5,000 for an exclusive sponsorship
◆ Two-minute commercial
◆ One complimentary registration
◆ Event Exhibit Table
◆ Attendee list for one-time use
◆ Podium recognition
◆ Your logo on all promotional materials (printed and electronic)
◆ Event signage

**Lunch Sponsor**—$1,000
◆ One complimentary registration
◆ Podium recognition
◆ Your logo on all promotional materials (printed and electronic)
◆ Table signage
Sponsor and Exhibitor Reservation Form—A La Carte

**Confirmation of Intent to participate as an Event Sponsor or Exhibitor:**

_______________________________________________________________________________________________ Contact Name
_______________________________________________________________________________________________ Company (as you would like it to appear in promotional materials)
_______________________________________________________________________________________________ Address
City State Zip
_______________________________________________________________________________________________ Phone
Email
Description of Products or Service

**I would like to Purchase:**

- [ ] HPCNM Event Sponsorship
  Event ____________________________________________________________________________________ Amount Due ____________________________________________________________________

- [ ] HPCNM Event Exhibitor
  Representative/s Name that will attend ____________________________________________________________________________________
  Primary Email ____________________________________________________________________________ Primary phone ________

**Exhibitors Only** — Please complete the following:

Will you need electric _____No _____ Yes

Do not place us near __________________________________________________________

**Payment Information:**

Total amount Due: ____________________________________________________________________________________

Check enclosed (payable to HPCNM)
Charge: [ ] Visa ______________________ [ ] MC ______________________ [ ] AMEX ______________________
Name on card: __________________________________________________
Card number: ______________________________________________ Expiration Date________________________________
Signature: ________________________________________________________________________________

Please return this completed form to: HPCNM | 201 International Circle | Suite 230 | Hunt Valley, MD  21030. Or, scan and email to peggy.funk@hnmd.org. For more information contact peggy.funk@hnmd.org or call 410.891.5741.

Thank you for supporting the Hospice & Palliative Care Network of Maryland!