



Hospice & Palliative Care Network
OF MARYLAND

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.

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Contact Peggy Funk for additional information on sponsorship opportunities

peggy.funk@hnmd.org

410.891.5741

Hospice & Palliative Care Network of Maryland Event Sponsorship/Exhibitor Opportunities A La Carte

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—\$1000

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

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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!