

2017 Partner Sponsorship Levels

- PLATINUM PARTNER
\$5,000
 - 20 MicroBrew tickets with commemorative beer sampling glasses – (2) reserved tables
 - MC recognition with brief introduction of company as featured MicroBrew Sponsor
 - Company logo featured on event printed materials, including the event invitation
 - Acknowledgment and logo placement on event slideshow
 - Acknowledgment and logo placement on all online and social media event marketing
 - Acknowledgment in the Circle Health Services Annual Report, distributed to over 2,000 individuals
 - Logo and company link prominently displayed on the Circle Health Services website

- GOLD PARTNER
\$2,500
 - 10 MicroBrew tickets with commemorative beer sampling glasses – (1) reserved table
 - MC recognition with brief introduction of company
 - Acknowledgment and logo placement on event slideshow
 - Acknowledgment and logo placement on all online and social media marketing
 - Acknowledgment in the Circle Health Services Annual Report, distributed to over 2,000 individuals
 - Logo and company link prominently displayed on the Circle Health Services website

- SILVER PARTNER
\$1,000
 - 6 MicroBrew tickets with commemorative beer sampling glasses
 - MC recognition
 - Acknowledgment and logo placement on event slideshow

- BRONZE PARTNER
\$500
 - 4 MicroBrew tickets with commemorative beer sampling glasses
 - MC recognition
 - Acknowledgment and logo placement on event slideshow

- FRIENDS PARTNER
\$250
 - 2 MicroBrew tickets with commemorative beer sampling glasses
 - Acknowledgment and logo placement on event slideshow

- SINGLE EVENT TICKET
\$50; \$25 for students

Health care is a right, not a privilege.



2017 Sponsorship Agreement

PLEASE PRINT

Date: _____

Company/Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone/Ext: _____ Fax: _____

Contact Person: _____ Email: _____

Authorized Signature: _____

(Please print name if different than contact person)

- | | | | |
|---|---------|--|-------|
| <input type="checkbox"/> Platinum Partner | \$5,000 | <input type="checkbox"/> Bronze Partner | \$500 |
| <input type="checkbox"/> Gold Partner | \$2,500 | <input type="checkbox"/> Friends Partner | \$250 |
| <input type="checkbox"/> Silver Partner | \$1,000 | | |

GRAPHICS/MEDIA FOR SIGNAGE & PROMOTIONS:

- Please include our logo on event signage
- I will provide a high-resolution JPEG or TIFF file for inclusion in promo materials, event programs, etc. as soon as possible. For hyperlink to your website, please include URL web address, if applicable. Please also include a brief description of your company/organization.

PAYMENT OPTIONS:

Please make checks payable to:

Circle Health Services
12201 Euclid Avenue
Cleveland, OH 44106

- Full Amount Enclosed Bill Us

Terms: If the "Bill Us" option is selected, full payment is required within 30 days of receipt of invoice. Please allow 5 business days for processing and confirmation of your sponsorship request.

Cancellation Policy: No cancellation policy. **Payment must be received by 10/16/17 to guarantee benefits.**

Internal Use Only: Agreed By: _____ Date: _____