

# SPONSOR PROSPECTUS

2020 **December**  
PRIVATE DUTY  
SYMPOSIUM **2-3, 2020**

YOUR Brand Front and Center!

**VIRTUAL EVENT**



## Sponsorship Opportunities Available

Greater than 200 home care owners, administrators and clinical staff from across the state attend this educational and networking seminar. Interact with attendees during the scheduled break, lunch and before and after sessions. Co-sponsored by the Illinois HomeCare & Hospice Council, LeadingAge Illinois and the Illinois Chapter of the Home Care Association of America, the Private Duty Symposium is one of the industry's premier events in Illinois. Don't miss this great opportunity to meet the attendees and promote your products or services.

### Sponsorship Levels

#### Platinum Level - \$2,500 (2 available)

- Special recognition at the opening session including opportunity to give three-minute speaking opportunity
- Introduce Keynote speaker
- Video Commercial (pre-recorded)
- Opportunity to promote your services with captive audience of home care owners and administrators
- One-page ad in conference brochure
- Recognition on email marketing and website
- Featured on slide deck
- Ability to provide links in chat
- Conference attendee lists (pre and post show)
- Promotion through gamification/give away
- Recognition in conference daily re-cap
- Two complimentary registrations
- **Name your promo**

#### Gold Level - \$1,500 (8 available)

- Special recognition at the opening session
- Introduce breakout session presenter
- Half-page ad in conference brochure
- Recognition on email marketing and website
- Featured on slide deck
- Conference attendee lists (pre and post show)
- Recognition in conference daily re-cap

- Two complimentary registrations

### **Silver Level - \$1,000**

- Special recognition at the opening session
- Quarter-page ad in conference brochure
- Recognition on email marketing and website
- Conference attendee lists (pre and post show)
- Recognition in conference daily re-cap
- One complimentary registration

### **Remote Sponsorship - \$300**

- Logo and Company Name in conference brochure/website
- Conference attendee lists (pre and post show)
- Recognition in conference daily re-cap
- One complimentary registration

### **Cancellation**

The exhibitor/sponsor shall give IHHC written notice of its intention to cancel or withdraw from the event. For notices received on or prior to November 15, 2020, the exhibitor/sponsor shall pay 50 percent of the contracted sponsorship. For notices received after November 15, 2020, the exhibitor/sponsor shall pay 100 percent of the contracted sponsorship.

Please contact Sara Ratcliffe at [sararatcliffe@ilhomecare.org](mailto:sararatcliffe@ilhomecare.org) or Jeannine Harlow at [jeannineharlow@ilhomecare.org](mailto:jeannineharlow@ilhomecare.org) if you have any questions.

To sign up for any of the above opportunities, please complete the attached form and submit to Sara Ratcliffe at [sararatcliffe@ilhomecare.org](mailto:sararatcliffe@ilhomecare.org) or Jeannine Harlow at [jeannineharlow@ilhomecare.org](mailto:jeannineharlow@ilhomecare.org).

Checks should be made out to IHHC and mailed to the address below

IHHC  
Attn: Sara Ratcliffe  
100 E. Washington St.  
Springfield, IL 62701

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Please select option(s) below:

<input type="checkbox"/>	Platinum Level - \$2,500
<input type="checkbox"/>	Gold Level - \$1,500
<input type="checkbox"/>	Silver Level - \$1,000
<input type="checkbox"/>	Remote Sponsorship - \$300

## COMPANY INFORMATION:

Business: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## PAYMENT INFORMATION:

☐ Check – Check Number \_\_\_\_\_ (Make Payable to IHHC)

☐ American Express      ☐ Discover      ☐ MasterCard      ☐ VISA

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CSC #: \_\_\_\_\_

Account Holder's Name (exactly as shown on card): \_\_\_\_\_

☐ Billing Address (If different from your company address) \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address (for confirmation receipt): \_\_\_\_\_