

NEW JERSEY HOSPITAL ASSOCIATION

99th

ANNUAL
MEETING & LUNCHEON

Jan. 19, 2018 | 10 a.m.

HYATT REGENCY PRINCETON



SPONSORSHIP



AD SPECS

- Ad Size 7.5" wide x 10" tall
- Full-page bleeds cannot be accommodated
- Final Trim Size: 8.5" wide by 11" tall
- CMYK (full color)

Color ads will be accepted as Adobe Acrobat PDFs saved as a print-optimized (high resolution, minimum 300 dpi) no image compression and embedded fonts; or Adobe Photoshop 6.0 – CS (.tif, .eps, .psd, .jpg) saved at a minimum of 300 dpi, sized at 100%.

IMPORTANT DATES

All ad copy **MUST** be received by **Dec. 18** to ensure inclusion in the Program of the Day. Due to production schedules, NJHA cannot guarantee ad placement after that date. Please send all ad copy to NJHA's Annual Meeting Coordinator Debbie Furchak at dfurchak@njha.com or mail to 760 Alexander Road, Princeton, NJ 08540.

*PLATINUM SPONSORS

Please provide a brief, one-page summary of your business, including contact name, phone and e-mail for inclusion in the Program Book to Debbie Furchak by **Dec. 18**.

For all other questions regarding sponsorship opportunities for the Annual Meeting, contact NJHA's Annual Meeting Coordinator Debbie Furchak at dfurchak@njha.com or (609) 275-4072.



SPONSORSHIP

The New Jersey Hospital Association is the premier statewide healthcare association in New Jersey providing advocacy, education and information to its members.

Sponsorship of NJHA's Annual Membership Meeting offers the opportunity to place your organization front and center with decisionmakers from hospitals, health systems and healthcare facilities across New Jersey.

Join NJHA at our largest membership event, including awards presentation and luncheon with a nationally known keynote speaker.

All sponsorship levels provide networking opportunities and high visibility for your organization, including name or logo at the event, on NJHA's Annual Meeting webpage and social media outlets, including Facebook and Twitter.

AGENDA

- 9 a.m. REGISTRATION & CONTINENTAL BREAKFAST
- 10 a.m. NJHA ANNUAL MEETING & AWARDS PRESENTATION
- CHAIR'S REMARKS
- 11:30 a.m. RECEPTION
- Noon LUNCHEON WITH KEYNOTE SPEAKER
- 2 p.m. ADJOURNMENT

*PLATINUM LEVEL (LIMITED TO 4)\$8,500

- Complimentary registration for four attendees
- Sponsor display table
- Attendee list including name, title and organization
- Logo recognition on promotional materials, including registration brochure (commitment needed by Oct. 27)
- Logo recognition on rolling PowerPoint presentation
- Verbal recognition from the podium at the event
- NJHA-created signage with logo at the event
- Company bio and contact information and full-page ad in Program Book

GOLD LEVEL\$6,500

Select One:

- CONTINENTAL BREAKFAST
- RECEPTION
- LUNCHEON
- Complimentary registration for two attendees
- Attendee list including name, title and organization
- Logo recognition on rolling PowerPoint presentation
- NJHA-created signage with logo at the event
- Full-page ad in Program Book

SILVER LEVEL\$4,500

Select One:

- AWARDS
- MEETING GIVEAWAY (with company name or logo)
- Complimentary registration for one attendee
- Company name recognition on rolling PowerPoint presentation
- NJHA-created signage at event
- Full-page ad in Program Book

BRONZE LEVEL\$3,500

Select One:

- FRONT INSIDE COVER OF PROGRAM BOOK
- BACK COVER OF PROGRAM BOOK
- TWO-PAGE SPREAD
- BACK INSIDE COVER
- NEXT TO PRESIDENT/CHAIR'S LETTER
- BADGE STRAPS (with company name)
- Complimentary registration for one attendee
- Company name recognition on rolling PowerPoint presentation
- NJHA-created signage at event

FULL-PAGE PROGRAM SPONSOR\$700

X = No longer available

Yes, I'd like to be a sponsor of the 2018 NJHA Annual Meeting, Awards & Luncheon

Company Name _____

Contact _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

For promotional purposes, please provide the following information where applicable:

Website URL _____

Twitter _____ Facebook _____

METHOD OF PAYMENT

I am paying by:

- Check Visa Mastercard American Express

Card # _____ Expiration Date _____

Print Name (as it appears on the card) _____

Signature _____

CVV _____

Make checks payable to NJHA and mail with completed form to:

NJHA • PO Box 828776 • Philadelphia, PA 19182-8776

All ad copy must meet ad specs on the back of this form and be emailed to dfurchak@njha.com by **Dec. 18.**