

Sponsor Commitment Form 2009

CCPC Annual Primary Care Summit

Connecticut Center for Primary Care is hosting **The 2nd Annual Primary Care Summit** scheduled for **December 2, 2009** at the **Connecticut Convention Center** in Hartford. This conference is intended to engage participants in the evolving mandate to transform primary care practice and patient care access in Connecticut.

\$10,000 Platinum Sponsor

Company logo featured on event program, published proceedings, and the CCPC website, plus a full-page ad in program and major signage at event.

* Includes 2 - 4x8 Exhibit Tables (optional)

* Includes admission for ten (\$1,500 value)

\$5,000 Gold Sponsor

Company logo featured on event program, published proceedings, and the CCPC website, plus a full-page ad in program and signage at event.

* Includes 2 - 4x8 Exhibit Tables (optional)

* Includes admission for five (\$750 value)

\$2,500 Silver Sponsor

Company logo featured on event program and the CCPC website, plus a half page ad in program and signage at event.

* Includes 1 - 4x8 Exhibit Tables (optional)

* Includes admission for three (\$450 value)

\$1,500 Room Sponsor

Company logo featured on event program and the CCPC website, plus a half page ad in program, and signage on breakout room entries.

* Includes 1 - 4x8 Exhibit Tables (optional)

* Includes admission for two (\$300 value)

\$1,000 Table Sponsor

Company logo featured on event program and the CCPC website, plus a quarter page ad in program and signage on dinner tables.

* Includes admission for one (\$150 value)

\$500 Student Sponsor

Company logo featured on event signs, event program, and the CCPC website.

\$250 CCPC Friend

Company logo featured on event program and the CCPC website.

LOCATION: Connecticut Convention Center
100 Columbus Blvd., Hartford, CT 06103

COMMITMENT DATE (Extended): Nov. 9, 2009

PAYMENT DATE (Extended): Dec. 2, 2009

CCPC 501(c)(3) non-profit information available upon request.

COMMITMENT FORM

(Due by October 2, 2009. Please Print)

Organization: _____

Federal ID#: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact: _____ Email: _____

Company Website: _____

Exhibit Table(s): _____

Guest Names: 1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Sponsorship Payment Instructions:

Pay by Check: Please make payable to "Connecticut Center for Primary Care"

Please return this completed form and check to: Karen Pasquale,
Connecticut Center for Primary Care, P.O. Box 762, Farmington, CT 06034

Pay by Credit Card: If paying by credit card, complete and FAX this sponsor form to (860) 231-6134

Charge my: Visa Mastercard
(Sorry, we cannot accept American Express)

Organization: _____

Address: _____

Credit Card #: _____ Expiration Date: _____

Amount: _____

Name on Card: _____

IMPORTANT NOTE: After faxing this form, email your company logo in vector art (.eps) in full color to: kpasquale@centerforprimarycare.org. To be recognized as a sponsor in printed materials at the meeting, please submit no later than **November 9, 2009**.

