

# Sponsor Commitment Form 2011

## CCPC Annual Primary Care Summit

Connecticut Center for Primary Care is hosting **The 4th Annual Primary Care Summit** scheduled for **November 3, 2011** at the **Marriott Hotel in Rocky Hill**. 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 1 - 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 1 - 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 Bronze 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 two (\$300 value)

### \$1,000 Pewter 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.

\* Includes admission for (3) three students in health profession program

### \$250 CCPC Friend

Company logo featured on event program and the CCPC website.

#### AD DIMENSIONS:

Full Page = 6.5" wide by 9" high

Half Page = 6.5" wide by 4.5" high

Quarter Page = 3.25" wide by 4.5" high

#### LOCATION: Marriott Hotel

100 Capital Blvd., Rocky Hill, CT 06067

COMMITMENT DATE: Sept. 30, 2011

PAYMENT DATE: Nov. 3, 2011

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

### COMMITMENT FORM

(Due by September 30, 2011. Please Print)

Organization: \_\_\_\_\_

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

\_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Company Website: \_\_\_\_\_

Exhibit Table(s): \_\_\_\_\_

Number of Guests for: hors d'oeuvres \_\_\_\_\_ Dinner \_\_\_\_\_

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 as vector art (EPS) or JPG in full color to: [kpasquale@centerforprimarycare.org](mailto:kpasquale@centerforprimarycare.org). To be recognized as a sponsor in printed materials at the meeting, please submit no later than **September 30, 2011**.

