

2024 WOMAN OF THE YEAR SPONSORSHIP AGREEMENT

**COMPANY INFORMATION**

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Company Telephone \_\_\_\_\_ Website \_\_\_\_\_

Company Type

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Pharmaceuticals     | <input type="checkbox"/> Biotechnology      | <input type="checkbox"/> Clinical Research      |
| <input type="checkbox"/> Technology/Software | <input type="checkbox"/> Medical Device     | <input type="checkbox"/> Diagnostics            |
| <input type="checkbox"/> Consulting          | <input type="checkbox"/> College/University | <input type="checkbox"/> Association/Non-Profit |
| <input type="checkbox"/> Services _____      | <input type="checkbox"/> Other _____        |   |

**PRIMARY CONTACT INFORMATION\***

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Direct Phone \_\_\_\_\_ Direct Fax \_\_\_\_\_

Email Address \_\_\_\_\_

**BILLING CONTACT INFORMATION\*\*(if different from primary contact)**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Direct Phone \_\_\_\_\_ Direct Fax \_\_\_\_\_

Email Address \_\_\_\_\_

\*The primary contact is the Point of Contact for all HBA matters and ensures that time-sensitive communications go to the correct person(s) within your organization.

\*\*The billing contact is the person authorized to sign and make payments on the corporate partner's account.

## Sponsorship Packages

|  | Two (2)<br>Available                       | Four (4)<br>Available                        | Six (6)<br>Available                            | Ten (10)<br>Available                           | Ten (10)<br>Available                         | Twelve (12)<br>Available                         | Unlimited                                    |
|--|--|--|---|---|---|--|--|
| <b>Corporate Partner Rate</b>  | <input type="checkbox"/> Empire (\$60,000) | <input type="checkbox"/> Broadway (\$50,000) | <input type="checkbox"/> Rockefeller (\$40,000) | <input type="checkbox"/> Park Avenue (\$25,000) | <input type="checkbox"/> Manhattan (\$10,000) | <input type="checkbox"/> Grand Central (\$7,500) | <input type="checkbox"/> Supporter (\$5,000) |
| <b>Non-Corporate Partner Rate</b>  | <input type="checkbox"/> Empire (\$72,000) | <input type="checkbox"/> Broadway (\$60,000) | <input type="checkbox"/> Rockefeller (\$48,000) | <input type="checkbox"/> Park Avenue (\$30,000) | <input type="checkbox"/> Manhattan (\$12,000) | <input type="checkbox"/> Grand Central (\$9,000) | <input type="checkbox"/> Supporter (\$6,000) |
| <b>Presence</b>  |  |  |   |   |   |  |  |
| One (1) Branded Column (77 Square Feet) in High Traffic Area Near Elevators, Escalators, Registration, and Reception | •  |  |   |   |   |  |  |
| Lanyards OR Badges OR Virtual Selfie Station Logo Placement OR Branded Mint Tin Giveaway (first-served system)       |  | •  |   |   |   |  |  |
| Company Logo on Main Page of Virtual Platform  | •  | •  | •   | •   |   |  |  |
| Logo Visibility in Opening Slides  | •  | •  | •   | •   | •   | •  |  |
| <b>Access</b>  |  |  |   |   |   |  |  |
| Allotted Tables at the Woman of the Year Luncheon (10 seats/table)   | 3 Premium                                  | 2 Premium                                    | 1 Elite   | 1 Elite   |   |  |  |
| Remote Attendee Passes   | 200  | 150  | 100   | 50  | 30  | 20   | 10   |
| Complimentary Watch Party Location   | •  | •  | •   |   |   |  |  |
| <b>Content</b>   |  |  |   |   |   |  |  |
| Display a 30-Second Video/Commercial (Optional, and Must be Produced by Sponsor and Pre-Approved by the HBA)         | •  |  |   |   |   |  |  |
| 30-Second Red Carpet Interview (Produced by the HBA)   | •  | •  |   |   |   |  |  |
| <b>Digital</b>   |  |  |   |   |   |  |  |
| Logo on Event Microsite  | •  | •  | •   |   |   |  |  |
| Logo in Marketing Emails   | •  | •  | •   |   |   |  |  |
| Customized Social Media Graphic  | •  | •  |   |   |   |  |  |
| Online Communication Kit to Share Your Support   | •  | •  | •   | •   | •   | •  | •  |
| Recognition on HBA's Social Media Channels   | •  | •  | •   | •   | •   | •  |  |
| <b>Commemorative Program Advertisement (Digital Flipbook)</b>  |  |  |   |   |   |  |  |
| Full-Page  | •  | •  |   |   |   |  |  |
| Half-Page  |  |  | •   |   |   |  |  |

### Custom Sponsorships

Amount: \$ \_\_\_\_\_

**ADDITIONAL OPPORTUNITIES**

**Corporate Partner or Sponsor Level**

**Non-Corporate Partner or Non-Sponsor Level**

**SPONSORSHIP ENHANCEMENTS**

|  |                                   |                                   |
|--|-----------------------------------|-----------------------------------|
| Signature Drink With Branded Napkins (3 Opportunities)                 | <input type="checkbox"/> \$17,000 | <input type="checkbox"/> \$20,400 |
| Table Centerpieces (Exclusive)   | <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$18,000 |
| Glow Sticks (Exclusive)  | <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$18,000 |
| Celebrating Stars and Luminaries Reception (Exclusive)                 | <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$18,000 |
| Coffee Stations With Branded Napkins (3 Opportunities)                 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$12,000 |
| Bathroom Refresh Stations (Exclusive)                                  | <input type="checkbox"/> \$7,500  | <input type="checkbox"/> \$9,000  |
| Global Ambassador Program Breakfast (Exclusive)                        | <input type="checkbox"/> \$6,500  | <input type="checkbox"/> \$7,800  |
| Constellation League Breakfast (Exclusive)                             | <input type="checkbox"/> \$6,500  | <input type="checkbox"/> \$7,800  |
| Hotel Key Cards (Exclusive)  | <input type="checkbox"/> \$4,000  | <input type="checkbox"/> \$4,800  |
| Facilitated Networking Activation (Exclusive)                          | <input type="checkbox"/> \$4,000  | <input type="checkbox"/> \$4,800  |
| Nursing Room (Exclusive)   | <input type="checkbox"/> \$4,000  | <input type="checkbox"/> \$4,800  |
| Video Wall – Message to Rising Stars and Luminaries (10 Opportunities) | <input type="checkbox"/> \$3,000  | <input type="checkbox"/> \$3,600  |

**SIGNAGE**

|  |                                  |                                  |
|--|----------------------------------|----------------------------------|
| Column Wrap – 63 Square Feet (4 Opportunities) | <input type="checkbox"/> \$3,000 | <input type="checkbox"/> \$3,600 |
|--|----------------------------------|----------------------------------|

**ADVERTISEMENT**

|           |                                  |
|-----------|----------------------------------|
| Full-Page | <input type="checkbox"/> \$5,500 |
| Half-Page | <input type="checkbox"/> \$3,000 |

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

Total Due: \$ \_\_\_\_\_

By signing this agreement, you certify that you have the authority to do so on behalf of your company. All sponsorships are considered final and are non-refundable. The HBA reserves the right to change/modify all sponsorship opportunities. Payment is due upon execution of this agreement. Refer to the Terms & Conditions below.

**Terms and Conditions**

- 1.APPLICATION AND ELIGIBILITY.** Sponsorships must be made on the form provided, contain the information requested, and be executed by an individual who has authority to act for the applicant (sponsor). The Association reserves the right to reject any application.
- 2.SPONSOR REPONSIBILITIES.** Sponsor shall be responsible for the following: a. All giveaways (virtual coupon, promotional codes, etc.) to be used during the sponsored function b. Any additional digital signage, banners, etc. to be displayed during the sponsored function.
- 3.PAYMENT TERMS.** Upon executed sponsorship agreement, payment is due in full.
- 4.PUBLICITY.** HBA shall publicize and promote the event and shall be permitted to use Sponsor’s name and logo in connection with such publicity and promotion.
- 5.SPONSOR PUBLICITY.** Sponsor may publicize that it is a sponsor of this HBA Program. However, Sponsor acknowledges that HBA is the lawful owner of the names “Healthcare Businesswomen’s Association, and the acronym “HBA,” and any associated logos. Sponsor agrees to take no action inconsistent with HBA’s ownership, or that would subject HBA to claims by third parties or potential loss of its ownership. Any uses of HBA’s logo or event logo by the Sponsor must be approved, in advance, by HBA and follow HBA’s branding guidelines.
- 6.TERMINATION.** If Sponsor breaches any of its obligations hereunder, HBA shall have the right to terminate this agreement and to retain Sponsor’s sponsorship fee as liquidated damages (and not as a penalty), in addition to any other rights it may have at law or at equity.
- 7.INDEMNIFICATION.** Sponsor agrees to indemnify and hold HBA harmless against any losses, claims, expenses or damages from its own negligent or willful acts or omissions of its employees, officers, directors, agents, contractors, or others acting on its behalf or with its authority.
- 8.TERMS.** The term of this Sponsorship Agreement shall commence upon execution of this Agreement and shall terminate upon conclusion of the Event, unless sooner terminated pursuant to paragraph 6.
- 9.LIABILITY.** HBA shall have no liability with respect to its obligations under this Agreement for consequential, exemplary, special, indirect, incidental or punitive damages, even if it has been advised of the possibility of such damages. The liability of HBA for any reason and upon any cause of action or claim shall be limited to the fees paid by Sponsor to Healthcare Businesswomen’s Association under this Agreement. This limitation applies to all causes of action or claims in the aggregate, but does not apply to death, bodily injury or damage to personal property caused by Healthcare Businesswomen’s Association negligence.