



*"Access to Quality Health Care for All of South Carolina"*

## 2025 SCPHCA Annual Board and Governance Sponsorship Commitment Form

**Organization Name \***

(Business, Organization or Individual)

**Name of Contact Person \***

First Name

Last Name

**Title \***

**E-mail \***

example@example.com

**Phone Number \***

## Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

## Sponsorship Level Options:

Silver Sponsor - \$7,500 1 Conference Included

## Annual Leadership Board and Governance Retreat Additional Sponsorship Options:

Conference Breakfast - \$4,000

Conference Luncheon - \$4,000

Conference Reception - \$4,000

Whova Event App - \$3000

## Annual Leadership Board and Governance Retreat Level Options:

For Profit - \$2500

Non-Profit - \$1500

Educational Institution - \$1250

Additional Booth Representative - \$350

## Payment Information (Will be invoiced via Quickbooks):

Check

Credit Card

ACH

## General Information & Conditions for Sponsor/Exhibitor Agreements:

By submitting this form, the sponsor agrees to the terms outlined in the General Information & Conditions for Sponsor/Exhibitor Agreements.