Florida Health Care Association

60th Anniversary

Diamond Sponsorship

We invite you to participate as a Diamond sponsor of our 60th Anniversary. This unique opportunity will provide your business with targeted exposure and goodwill during our celebrations through communications, events and special benefits. Join us in making our diamond anniversary unforgettable!

Diamond Sponsorship (non-exclusive)– $1,000

Sponsorship Includes:

A Look Back at 60 Years of Caring Rotunda
This high traffic rotunda will be prominently decorated with a 6 ft 60th logo floor graphic and column wraps.
  - Name Recognition on one of the Column Wraps

60th Anniversary Champagne Toast
Co-Sponsor the first ever champagne toast as we celebrate 60 years of caring at the Circle of Excellence Awards Luncheon. Guests will receive a commemorative champagne flute.
  - Sponsored company logo would then be prominently displayed on the jumbo screen during the toast
  - Name recognition on 60th placecard at each seat at the Circle of Excellence Awards Luncheon
  - Two tickets to the Circle of Excellence Luncheon on July 10

Additional Benefits:
  - Logo Recognition on 60 Years of Caring Microsite
  - Logo Recognition on PowerPoint presentations at the conference membership meetings and Circle of Excellence Luncheon
  - Recognition in FHCA publications through a listing in the FHCA Membership Directory & Buyers Guide, the Online Buyers’ Guide, PULSE and Focus on Florida
  - Special signage in individual booth

Contact Jenny Early at (850) 224-3907 or by email at jearly@fhca.org with any questions.
60th Anniversary Diamond Sponsorship Opportunity

CONTACT INFORMATION (please print clearly)
Contact Name ___________________________ Email ___________________________
Company ________________________________________________________________
Mailing Address __________________________________________________________
City ___________________________ State _______ Zip __________________________
Phone ___________________________ Fax ___________________________

PAYMENT INFORMATION (please note that sponsorships must be prepaid)
☐ Check Enclosed (make payable to FHCA)
Charge My:  ☐ American Express  ☐ Master Card  ☐ VISA  ☐ Discover
Card Number ___________________________ Expiration Date __________________
Cardholder’s Name (please print) _______________________ Security Code __________
Signature ________________________________________________________________
Authorized Amount $ ______________________

Mail checks to FHCA, P.O. Box 1459, Tallahassee, FL 32302-1459
or fax credit card payments to (850) 681-2075.

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