

HCC SPONSORSHIP AGREEMENT

HEALTH CARE COMMUNICATORS FINEST AWARDS



This Sponsorship Agreement is entered into effective as of the date below, by and between **Health Care Communicators of San Diego**, a California nonprofit mutual benefit corporation (“HCC”), and the Sponsor set forth below (“Sponsor”). Sponsor agrees to sponsor the **HCC Finest Gala in October** at the level checked below and will receive the benefits specified below once a signed contract and payment is received.*

SPONSOR LEVEL: Presenting Premier Gold Silver Bronze Honorable

HCC FINEST SPONSOR LEVEL	Presenting	Premier	Gold	Silver	Bronze	Honorable
Sponsor Benefit:*	\$4000	\$2000	\$1000	\$750	\$500	\$250
Call for Entries: Sponsor name + logo	Yes	Yes	Yes	Yes	Yes	Yes
Finest Entry Website: Sponsor name + logo + link	Yes	Yes	Yes	Yes	Yes	Yes
Main HCC Website: Sponsor name + logo + link	Yes	Yes	Yes	Yes	Yes	Yes
E-blasts/Promos: Sponsor name + logo + link	Yes	Yes	Yes	Yes	Yes	Yes
Post Event News Release: Sponsor name in sub-headline + Graph 1**	Yes	No	No	No	No	No
Post Event News Release: Sponsor name + website hyperlink**	Yes	Yes	Yes	Yes	Yes	Yes
Finest Program: Sponsor name + logo**	Front-page***	Yes	Yes	Yes	Yes	Name only
Finest Program: Sponsor Ad	Full-page	½-page	¼-page	No	No	No
Event Recognition: Verbal intro at event	Yes	Yes	Yes	Yes	Yes	Yes
Event Recognition: Logo on signage at event	Yes	Yes	Yes	Yes	Yes	Yes
Event Recognition: Sponsor logo onscreen	Yes	Yes	Yes	Yes	Yes	Yes
Event Recognition: Option to place branded giveaway/sales literature at each seat	Yes	Yes	Yes	Yes	No	No
Non-exclusive right to use HCC name/logo to promote your sponsorship	Yes	Yes	Yes	Yes	Yes	Yes
GALA: Complimentary reserved seats	8	6	4	2	1	No
GALA: Sponsor executive presents scholarship at event	Yes	N/A	N/A	N/A	N/A	N/A
*Certain pre-event promos may be missed if payment is delayed.						
**Press release posted on HCC website for 1 yr.+						
***As presented by ...”; no logo on front page of program.						

IN WITNESS WHEREOF

The parties hereto have executed this agreement as of this date: _____ (DATE)

SPONSOR: _____

SPONSEE: Health Care Communicators of San Diego

Signed By: _____

Signed By: _____

Name: _____

Name: Christina Campo

Title: _____

Title: HCCSD President

Address: _____

Phone: 858-232-8975

Phone: _____

Email: campo.christina@scrippshealth.org

Email: _____

PAYMENT METHOD (Please check one): Personal check Credit card (Visa/MC only) Corporate check

MasterCard/Visa No. _____ Exp. Date _____ CCV No. (3 digits on back) _____

Name on Card _____ Signature _____

If paying by check, please make check payable to Health Care Communicators of San Diego and mail to HCC, PO Box 936, 3830 Valley Center Drive, Suite 705, San Diego, CA 92130. Full payment is due by **September 15, 2017**. To reserve your seats, please email a list of your guests’ names to our Finest Chair at tferris@andersondd.com and, no later than **September 25, 2017**.

***NB:** Sponsorships are on a first-come, first-serve basis. All sponsorships are recognized as contributions and may be classified as a nonprofit tax-deductible donation. Federal tax ID available upon request. **Force Majeure:** Neither party shall be liable for any delay or failure to perform its obligations hereunder due to strikes, labor disputes, riots, storms, floods, explosions, accidents, acts of God, acts or orders of government, war, terrorism, the failure of vendors or other sponsors to perform, the loss, destruction, breakdown, a lack of registration for this event, or any other cause or causes which are beyond its reasonable control. Sponsor acknowledges that Sponsor shall not be entitled to any reimbursement or restitution in the event that this event must be canceled other than to have its sponsorship benefits shifted to the next event as appropriate.*