

Exhibit/Sponsor Contract (Education Program)

CONTACT INFORMATION

First Name: _____ Last Name: _____ 2nd Last Name: _____
Organization: _____ Title: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____ E-mail: _____

SPONSORSHIP OPPORTUNITIES

___ TABLETOP SPONSOR: \$1,000

Includes: Admission for 1 person (for the table), one standard 6'x30" skirted table with one chair, logo, and mention in the program.

___ COFFEE BREAK SPONSOR: \$1,500

Includes: Banner placement, admission for 2 persons (1 for the table and 1 education participant), one standard 6'x30" skirted table with two chairs, logo, and mention in the program.

___ BREAKFAST SPONSOR: \$2,500

Includes: Banner placement, admission for 3 persons (1 for the table and 2 education participants), one standard 6'x30" skirted table with two chairs, logo, and mention in the program.

___ LUNCH SPONSOR or ___ COCKTAIL RECEPTION SPONSOR: \$3,500

Includes: Logo on screen, 5-minute address to participants at lunch/cocktail (if chosen), banner placement, admission for 2 persons (1 for the table and 1 education participants), one standard 6'x30" skirted table with one chair, logo in the program.

___ SECONDARY SPONSOR: \$4,500

Includes: Logo on screen, 5-minute address to participants, banner placement, admission for 3 persons (1 for the table and 2 education participants), one standard 6'x30" skirted table with one chair, logo in the program, and logo in the event materials.

___ PRINCIPAL SPONSOR: \$6,000

Includes: Logo on screen, 5-minute address to participants at the beginning, banner placement, admission for 4 persons (1 for the table and 3 education participants), one standard 6'x30" skirted table with one chair, logo in the program, logo in web promotion, and eblast (*Sponsors have until November 5, 2025 to make use of the e-blast*).

PARTICIPANT INFORMATION REQUIREMENTS:

Sponsors must provide the names and details of the individuals who will be attending the event with their sponsorship.

If the sponsor plans to bring a photographer and/or audiovisual personnel, or any other additional staff to the event, they must notify the event organizers in advance. This will either require the purchase of an additional ticket or will count towards the total number of participants included in the sponsorship package.

PAYMENT INFORMATION

Total: \$ _____ ☐ Check ☐ Visa ☐ Mastercard ☐ AMEX ☐ ACH
Card Number: _____ Expiration Date: ____ / ____
Card Name: _____ Security Code: _____
Cardholder's Signature: _____

ADDITIONAL CONTRACT TERMS AND CONDITIONS: Set-up will take place September 4, 2025; after 4:00pm. All tabletops must be taken down before 5:00 pm on the day of the event. **A signed contract and full payment are required to reserve your tabletop space and/or sponsorship reservation.** I have read this Exhibit Contract and agree to abide by the terms and conditions established therein.

Puerto Rico Hospital Association

Exhibitor's/Sponsor's Authorized Signature

Date

Cancellation Policy: Payment needed to guarantee registration. No charge for cancellations received before August 22, 2025. Late cancellations will be charged 50% of the corresponding FEE. **After August 29, 2025, there will be no refunds.** ASOCIACIÓN DE HOSPITALES DE PUERTO RICO, Villa Nevárez Professional Center, 120 Calle 2, Suite 101, San Juan, PR 00927-5303 Tel. (787) 764-0290 Fax (787) 753-9748 educativas@hospitalespr.org