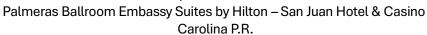


## **CUMBRE DE SALUD MENTAL 2025**

5 de septiembre de 2025





## Exhibit/Sponsor Contract (Education Program)

<b>CONTACT INFORMATION</b>	N .						
First Name:	Last Nan	ne:	2nd	Last	Name:	<del></del>	
Organization:			Title:				
Address:							
City:		State:		Zip	Code:		
Telephone:	Fax:	E-mail:					
SPONSORSHIP OPPORT							
TABLETOP SPONSOF							
Includes: Admission for 1	person (for the table), o	ne standard 6'x30" s	skirted table	with o	ne chair, lo	ogo, and mention in t	the
program.							
COFFEE BREAK SPO							
Includes: Banner placeme	nt, admission for 2 per	sons (1 for the table	and 1 educ	ation p	participant	), one standard 6'x3	30"
skirted table with two chai	-	the program.					
Includes: Banner placeme	•	sons (1 for the table	and 2 educa	ation na	articinants	), one standard 6'x3	30"
skirted table with two chai	•	•	ana 2 caac	ition p	ai tioipaiito	,, one otanidara o ne	
	COCKTAIL RECEP		3.500				
Includes: Logo on screen,				osen).	hanner pla	acement, admission	for
2 persons (1 for the table	•	•	-	-	•		
program.	and i oddoddon parti	iorparito), ono otaria	o 7.00 c	Turito G	table min	one enan, tege in	
SECONDARY SPONS	OR: \$4.500						
Includes: Logo on screen, §		rticipants, banner pla	cement, adr	nissior	for 3 ners	ons (1 for the table a	and
2 education participants),							
materials.	one standard o xoo	Skirtod tablo With on	o onan, tog	, III (II)	o program,	, and togo in the ove	OIIC
PRINCIPAL SPONSO	R: \$6 000						
Includes: Logo on screen,		rticinants at the hegir	ning hanne	r nlace	ment adn	nission for 4 nersons	s (1
for the table and 3 educat	•		-	-		•	-
web promotion, and eblas					, togo	iii tiio program, togt	,
PARTICIPANT INFORMAT			or the e black,	, <u>,                                    </u>			
Sponsors must provide the na			ttending the e	vent wi	th thair sno	neorehin	
oponisors must provide the m	arios and actails of the inc	aividadis wile will be a	iterianing the e	vonc wi	ar aren opo	nooromp.	
If the sponsor plans to bring a	a photographer and/or aud	diovisual personnel, or	any other add	itional s	staff to the	event, they must notify	/
the event organizers in advan							
participants included in the s	•	and partonage or arrada					•
participanto motados in trio c	periodicing package.						
<b>PAYMENT INFORMATION</b>	1						
Total: \$	□ Check	$\square$ Visa $\square$ Mastercard		CH			
Card Number:			ration Date:				
Card Name:	-	Security Cod	e:				
Cardholder's Signature:							
ADDITIONAL CONTRACT TERMS	AND CONDITIONS: Set	tales whose Comtownship 4 20	OFft 4.00	. All & =  -	-4	talian dailin bafana 5.00 mm	
ADDITIONAL CONTRACT TERMS A the day of the event. A signed cont			· ·		-	· ·	
Contract and agree to abide by the te		•		poile			
- ,							
Puerto Rico Hospital A	esociation	Exhibitor's/Spons	or's Author	Pari	Signature	 Date	
Cancellation Policy: Payment ne		•			_		

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