

PROMOTE YOUR ORGANIZATION

EDUCATE NORTHEAST OHIO'S HEALTHCARE LEADERS

COLLABORATE ON INNOVATIVE PROGRAMS

CREATE EXPERIENCES TO HELP YOU MEET YOUR GOALS

Through our Corporate Sponsorship Program, WellLink offers an opportunity for partnership to organizations with shared interests. As a corporate sponsor, your organization can support the work of WellLink and at the same time enjoy benefits that help you meet your goals:

- ✓ Increase your visibility with Northeast Ohio's top healthcare leaders.
- ✓ Gain an in-depth understanding of the work of Northeast Ohio's healthcare providers.
- ✓ Promote your organization's expertise with WellLink's members and others as a speaker in our thought leadership videos.
- ✓ Participate in networking opportunities through in-person events.
- ✓ Access opportunities to present to WellLink's members and their leadership.
- ✓ Learn more about the changing issues facing WellLink's members through newsletters, events and more.

SPONSORSHIP LEVELS

	ALLIED \$1,200	COLLABORATOR \$3,500	CONTRIBUTOR \$7,500	FRIEND \$10,000
Logo, Company Description and Link to Your Organization on WellLink Website	✓	✓	✓	✓
News Release Announcing Sponsorship	✓	✓	✓	✓
Featured Announcement in Member Newsletter	✓	✓	✓	✓
Receive Weekly Member Newsletter	✓	✓	✓	✓
Invitation to Participate in Virtual Sponsor Meetings	✓	✓	✓	✓
Receive Special Reports and Publications	✓	✓	✓	✓
Customized Sponsorship Value Report	✓	✓	✓	✓
Savings Opportunity Through Participation in WellLink GPO	✓	✓	✓	✓
Announcement to Board of Directors	✓	✓	✓	✓
Recognition at Events and Meetings	✓	✓	✓	✓
Invitation to in Person and Virtual Member Events	✓	✓	✓	✓
Invitation to Attend Annual Member Meeting	1 Ticket	2 Tickets	3 Tickets	4 Tickets
Invitation to Attend Annual Member VIP Reception	1 Ticket	2 Tickets	3 Tickets	4 Tickets
Discount on Event Sponsorship	20%	20%	50%	100%
Discount on Annual Meeting (ConnectNEO) Sponsorship	20%	20%	20%	20%
Discount on WellLink's Rental Space	20%	20%	30%	50%
Social Media Corporate Sponsor Spotlight	Group Recognition	Group +1 Individual	Group +2 Individuals	Group +3 Individual
Opportunity to Present*		✓	✓	✓
Customized Social Media Promotion			✓	✓
Advertisement in Roundtable Program			Quarter-Page	Half-Page
Advertisement in Annual Meeting Program				Half-Page
Individual News Release Announcing Sponsorship				✓
Individual Announcement of Sponsorship to Board of Directors				✓
Standard Table at Annual Meeting				✓
Opportunity to send a custom *100-word message in Member Newsletter				✓

*Opportunity to present at Roundtable and Virtual Events, excludes Annual Member Meeting.



LET'S GET STARTED! | Contact us to learn more about our sponsorship program and benefit packages.

Susan Todd | Corporate Partnership Specialist | Susan.Todd@MyWellLink.com

Contact Information

Company Name: _____ Contact Name: _____
Address: _____ Title: _____
City: _____ State: _____ Zip: _____ Email: _____
Phone Number: _____ Fax Number: _____ Phone Number: _____
Web Address: _____

Sponsorship Levels

A variety of levels are available to organizations seeking to engage with WellLink's work. Please select the level you are committing to. For more information on our sponsorship program, please contact Susan Todd at Susan.Todd@MyWellLink.com.

- ☐ **Level 1:** Allied Partner - \$1,200
- ☐ **Level 2:** Collaborator - \$3,500
- ☐ **Level 3:** Contributor - \$7,500
- ☐ **Level 4:** Friend of WellLink - \$10,000

Payment Information

Billing Contact Name: _____
Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Email: _____

Remittance Instructions

Please select the payment method you wish to use.
Questions regarding payment may be directed to Susan Todd
at Susan.Todd@MyWellLink.com.

- ☐ PayPal ([Click here to pay](#))
- ☐ ACH (Details on how to submit payment by ACH will be
provided upon receipt of this sponsorship form)
- ☐ Check (Make payable to WellLink, Attn: Accounting
Department)

Auto Renewal

An invoice will arrive 60 days prior to your anniversary date. Questions regarding auto renewal may be directed
to Susan Todd at Susan.Todd@MyWellLink.com.

Vendor Signature: _____ Date: _____
Print Name: _____ Title: _____