

2024 KHA Hospital Volunteer Conference

CityPlace Expo Center
April 29, 2024
La Grange, Kentucky

SPONSORSHIP OPPORTUNITIES

The Kentucky Hospital Association Committee on Volunteer Services invites you to participate as a sponsor during the annual conference.

Details of the various sponsorship levels are outlined below. **Complete the attached application and return prior to April 1, 2024**, to ensure listing in the convention program.

KHA Hospital Volunteer Conference Sponsorships

Gold Sponsorship\$500

- Prominent exhibit space - Two 6-foot tables with four chairs
- Four complimentary registrations
- A full-page ad in conference program
- Complimentary flyer and/or promotional item
- Final attendees list with emails and mailing addresses
- Link to your website on the KHA Volunteer webpage
- Sponsorship ad in four issues of KHA Volunteer Newsletter

Silver Sponsorship \$300

- Prominent exhibit space - One 6-foot table with two chairs
- Three complimentary registrations
- A half-page ad in conference program
- Complimentary flyer and/or promotional item
- Attendees list with mailing addresses
- Link to website on the KHA Volunteer webpage

Bronze Sponsorship \$200

- Exhibit space - One 6-foot table with two chairs
- Two complimentary registrations
- A quarter-page ad in conference program
- Attendees list with mailing addresses
- Link to your website on the KHA Volunteer webpage

Exhibit Table \$75

- Exhibit space - One 6-foot table with two chairs
- One complimentary registration

For more information, contact:

Kris Allen
KHA Events Manager
volunteers@kyha.com
502-426-6220





KHA Hospital Volunteer Conference Sponsorship Opportunities - 2024 Application

Company Name: _____

Company Description (25-word description for website) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Website: _____

Mailing address you would like to receive materials from KHA: check if same as above

Name/Title of Primary Representative: _____

Email Address: _____ Phone: (_____) _____

Secondary Representative Name/Title **(Required)**: _____

Email Address: _____ Phone: (_____) _____

Kentucky Hospital Association's Sponsorship Benefits are through June 30, 2024

Gold Level - \$500 Silver Level - \$300 Bronze Level - \$200

Exhibit Table: One day - \$75 Additional 6' table - \$50

Payment (check appropriate payment option):

Check enclosed (make check payable to KHREF)
Check number: _____ Amount: \$ _____

Charge my MasterCard/Visa/American Express
(KHA will contact you for your account number)

Amount: \$ _____

Name of person to contact for credit card information:

Telephone: (_____) _____

Mail or Fax sponsorship application to:

KHREF
PO Box 436629
Louisville, KY 40253
Phone: (502) 426-6220
Fax: (502) 814-0356

For more information, please contact:

Kris Allen
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(502) 992-4361