NC **Chamber** 

# Health Care Conference

MARKETING OPPORTUNITIES

SEPTEMBER 2024 DURHAM, NC

# **Health Care Conference**

September 2024

This year's Health Care Conference will examine our evolving health care landscape on both state and national levels and provide attendees with the latest on the health care infrastructure of post-pandemic North Carolina.

This is a must-attend event for members of the health care industry and those who want to learn what the future of health care will look like for our state. Join us for this critical discussion.

Expected Attendance: 250

"This was a hard-hitting and frank assessment of the challenges to improving NC health care."

**Lucien Roughton** *RND Architects* 

## **Attendees by Industry**

Medical Offices/Hospitals	31%
Insurance/Finance/Real Estate	14%
Legal Services	9%
Business Services and Professional Orgs.	9%
Pharma	7%
Education Services	6%
Medical Laboratories	6%
Other	5%
Health Services	5%
Manufacturing	5%
Construction	3%

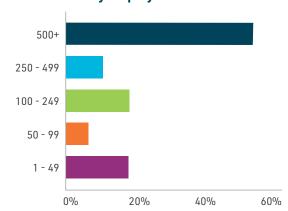
**Attendees by Title** 

Categories are not mutually exclusive.

Director	28%
President/C-Suite/Principal	24%
Vice President	22%
Manager	11%
Coordinator/Specialist	8%
Senior Level	4%
Partner	3%
Catagorias and not received by evaluation	

 ${\it Categories \ are \ not \ mutually \ exclusive.}$ 

#### **Attendees by Employer Size**



Health Care Conference	PRESENT	05/1500	conjoo	SILVER	BROWLE	EXHIBITION 52.000
Event registrations/seats included	15	12	10	6	4	2
Sponsor ROI report detailing the reach of your marketing benefits, delivered post-event	•	•	•	•	•	•
List of attendees, including name, title, and company provided the day before the event	•	•	•	•	•	•
NC Chamber to post confirmation of sponsor's involvement to social media accounts	•	•	•	•	•	•
Company logo or listing (contingent on level) on event sponsor sign, event webpage, and in event program	•	•	•	•	•	•
Link to company landing page placed on the NC Chamber event page	•	•	•	•		
Dedicated PowerPoint slide (provided by sponsor) added to rolling presentation shown during breaks/intermission	•	•	•			
Company listing on all event promotional materials, including e-mail blasts and press releases	•	•				
First right of refusal to sponsor in 2025, must be confirmed within 90 days after 2024 event	•	•				

## **Networking Sponsor**

attendees

\$5,000 (1 available)

Prominent event sign, stage recognition, list of attendees, ROI report, company logo included on event materials (6 seats)

prominently displayed at the event

Table top exhibit space (exhibitor only)

#### **Lunch Sponsor**

Web banner (provided by sponsor) with link to company landing page incorporated into promotional e-mail sent to prospective/past event

Opportunity to give welcome remarks; 60-second video (provided by sponsor) played during the event; Full-page print ad placed as back cover of the event program; Pop-up banner (provided by sponsor)

\$5,000 (1 available)

Prominent event sign, stage recognition, list of attendees, ROI report, company logo included on event materials (6 seats)

#### **Gift Sponsor**

\$3,000 (2 available)

Distribute promotional items on entry gift tables, prominent event sign, list of attendees, ROI report, company logo included on event materials (4 seats)

## Photo Wall Sponsor

\$3,000 (1 available)

8'x8' sign with your logo and event name, list of attendees, ROI report, company logo included on event materials (4 seats)



# 2024 Sponsorship Agreement

Health CareConference September 2024

I. Contact Information								
First Name			Last Name					
Company Name								
Company Address								
Phone			Cell Phone					
Email			Fax					
II. Sponsorship Levels								
□ Presenting – \$10,0 □ Co-Sponsor – \$7,5	00	2,000	<ul> <li>Networking – \$5,000</li> <li>Lunch – \$5,000</li> <li>Gift – \$3,000</li> </ul>	□ Photo – \$3,000				
Payment Type: (All payments are non-refundable)								
<ul><li>□ Visa</li><li>□ Mastercard</li><li>□ American Express</li><li>□ Check (Payable to Note 1)</li></ul>	North Carolina Chambe	r)						
Send Check to:  NC Chamber 701 Corporate Center Drive, Suite 275 Raleigh, NC 27607								
Please charge my card \$								
Account Number								
Sec. Code	Exp Date	(mm/y	y)					
Cardholder's Name		-						
Signature								
Cardholder's Address								
City	State	Zip —						