

2024 HOPE SPONSORSHIP AGREEMENT

COMPANY INFORMATION

Company Name _____

Company Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Company Telephone _____ Website _____

Company Type

- | | | |
|--|---|---|
| <input type="checkbox"/> Pharmaceuticals | <input type="checkbox"/> Biotechnology | <input type="checkbox"/> Clinical Research |
| <input type="checkbox"/> Technology/Software | <input type="checkbox"/> Medical Device | <input type="checkbox"/> Diagnostics |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> College/University | <input type="checkbox"/> Association/Non-Profit |
| <input type="checkbox"/> Services _____ | <input type="checkbox"/> Other _____ | |

PRIMARY CONTACT INFORMATION*

Name _____ Title _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Direct Phone _____ Direct Fax _____

Email Address _____

BILLING CONTACT INFORMATION(if different from primary contact)**

Name _____ Title _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Direct Phone _____ Direct Fax _____

Email Address _____

*The primary contact is the Point of Contact for all HBA matters and ensures that time-sensitive communications go to the correct person(s) within your organization.

**The billing contact is the person authorized to sign and make payments on behalf of the sponsor's account.

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Sponsorship Packages			
Corporate Partner Rate	<input type="checkbox"/> Equity Leader (\$30,000)	<input type="checkbox"/> Champion (\$15,000)	<input type="checkbox"/> Advocate (\$7,500)
Non-Corporate Partner Rate	<input type="checkbox"/> Equity Leader (\$36,000)	<input type="checkbox"/> Champion (\$18,000)	<input type="checkbox"/> Advocate (\$9,000)
Presence			
Logo visibility in all HOPE program presentations	•	•	•
Logo visibility at the 2024 HBA Annual Conference, including signage and on-stage slide recognition	•	•	name only
Logo visibility at the 2024 HBA Woman of the Year event, including signage and on-stage slide recognition	•	•	name only
Executive feature during "Celebrate Diversity Month" (April 2024)	•		
Access			
Complimentary HOPE Scholars (registrations)	5	2	1
Content			
Display one (1) 15-20 second video/commercial during the 2024 HBA Annual Conference	•	•	
Showcase your company's executives/leaders through participation in a HOPE Lunch and Learn professional development session	•	•	•
Digital			
Logo on HOPE website and marketing emails	•	•	•
Recognition on HBA's social media channels	•	•	•
"We're a Proud Sponsor" social graphic	•	•	•

ADDITIONAL SCHOLARS

One (1) additional scholar (\$5,000) Five (5) additional scholars (\$22,500)

CUSTOM SPONSORSHIP

Amount: \$ _____

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Signature: _____

Total Due: \$ _____

By signing this agreement, you certify that you have the authority to do so on behalf of your company. All sponsorships are considered final and are non-refundable. The HBA reserves the right to change/modify all sponsorship opportunities. Payment is due upon execution of this agreement. Refer to the Terms & Conditions below.

Terms and Conditions

1.APPLICATION AND ELIGIBILITY. Sponsorships must be made on the form provided, contain the information requested, and be executed by an individual who has authority to act for the applicant (sponsor). The Association reserves the right to reject any application.

2.SPONSOR REPONSIBILITIES. Sponsor shall be responsible for the following: a. All giveaways (virtual coupon, promotional codes, etc.) to be used during the sponsored function b. Any additional digital signage, banners, etc. to be displayed during the sponsored function.

3.PAYMENT TERMS. Upon executed sponsorship agreement, payment is due in full.

4.PUBLICITY. HBA shall publicize and promote the program and shall be permitted to use Sponsor's name and logo in connection with such publicity and promotion.

5.SPONSOR PUBLICITY. Sponsor may publicize that it is a sponsor of this HBA Program. However, Sponsor acknowledges that HBA is the lawful owner of the names "Healthcare Businesswomen's Association, and the acronym "HBA," and any associated logos. Sponsor agrees to take no action inconsistent with HBA's ownership, or that would subject HBA to claims by third parties or potential loss of its ownership. Any uses of HBA's logo or event logo by the Sponsor must be approved, in advance, by HBA and follow HBA's branding guidelines.

6.TERMINATION. If Sponsor breaches any of its obligations hereunder, HBA shall have the right to terminate this agreement and to retain Sponsor's sponsorship fee as liquidated damages (and not as a penalty), in addition to any other rights it may have at law or at equity.

7.INDEMNIFICATION. Sponsor agrees to indemnify and hold HBA harmless against any losses, claims, expenses or damages from its own negligent or willful acts or omissions of its employees, officers, directors, agents, contractors, or others acting on its behalf or with its authority.

8.TERMS. The term of this Sponsorship Agreement shall commence upon execution of this Agreement and shall terminate upon conclusion of the program, unless sooner terminated pursuant to paragraph 6.

9.LIABILITY. HBA shall have no liability with respect to its obligations under this Agreement for consequential, exemplary, special, indirect, incidental or punitive damages, even if it has been advised of the possibility of such damages. The liability of HBA for any reason and upon any cause of action or claim shall be limited to the fees paid by Sponsor to Healthcare Businesswomen's Association under this Agreement. This limitation applies to all causes of action or claims in the aggregate, but does not apply to death, bodily injury or damage to personal property caused by Healthcare Businesswomen's Association negligence.