

2022 SPONSORSHIP AGREEMENT

COMPANY INFORMATION Company Name Company Address _____ City _____ State/Province ____ Zip/Postal Code _____ Company Telephone _____ Website ____ Company Type Pharmaceuticals ☐ Life Sciences ☐ Medical Delivery Managed Care ■ Medical Device/Diagnostics ■ Biotechnology ■ Consulting ■ College/University ☐ Services ☐ 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 ____

^{*}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 the corporate partner's account.

2022 SPONSORSHIP OPPORTUNITIES

Please email this completed form to CorporatePartners@HBAnet.org

HBA Woman of the Year				
Sponsor Level:				
Digital Program Advertising:				
	Sponsorship Enhancements	•		
Champagne Toast- \$25,000	Branded Napkins**-\$3,000	Pop-Up Ba	Pop-Up Banner**-\$5,000	
Attendee Badges**- \$9000	Branded Lanyards*- \$6,000	"Available t	"Available to Red Corporate Partners Only" "Recharge and Refresh" Stations**- \$2,500	
Branded Light Wands**- \$7,000	"Recharge and Refresh" Stations**- \$6,000	"Recha		
*Deadline: March 5th Company	Logo must be submitted with all Sponsorshi	p Opportunities	**Deadline: March 10th	
CORPORATE PARTNERSHIP Customization	18			
HBA corporate partnership benefits to be re	ceived byCompany Name			
	Choose One:			
"Recharge and Refresh" Stations		Red Corporate Partners Only "Recharge and Refresh" Stations		
Touchless Tools		Hand Sanitzer	Lip Balm	
Zen Essential Oils		Hand Lotion	Pens	
Travel Kit				
Initial to accept listed custom benefits:				
All sponsorships are considered final and are nor	n-refundable. The HBA reserves the right to chang	ge/modify all sponsor	ship opportunities.	
Review the agreed upon items of the spon	sorship and initial for acceptance of the	se Total du	ıe	
items		Totat uu		
Payment is required within 60 days of this agreement	ent.			
Signature				
By signing this application, you certify that you have the authority to do so on behalf of your company.				

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 partnership agreement, payment is due in full. Partners whose company policy is to pay 60 or 90 days must provide written notice of terms. Invoices that remain unpaid beyond 30 days may be subject to suspension of benefits.
- **4. PUBLICITY.** HBA shall publicize and promote the event 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 HBA's Woman of the Year Event. However, Sponsor acknowledges that HBA is the lawful owner of the name "HBA Woman of the Year", Healthcare Businesswomen's Association, and the acronym "HBA" and "WOTY" 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 Event, 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.