

# ARE YOU LISTENING?

## PEOPLE & PATIENT DRIVEN INNOVATION

**JUNE 20<sup>TH</sup> 2019**

**DELTA BESSBOROUGH  
SASKATOON, SASKATCHEWAN**

### SPONSORSHIP OPPORTUNITIES

#### **\$1,500 - Friend of the Conference - KNOWLEDGE DRIVER**

- Logo on conference program
- Visual thank-you presentation at the conference
- Logo on post-conference announcement
- One complimentary registration to the conference

#### **\$2,500 - Silver Level - HEALTH VISION DRIVER**

- Logo on conference program
- Logo on web registration page
- Opportunity to bring pop-up banner
- Verbal thank-you at the conference
- Two complimentary registrations to the conference

#### **\$5,000 - Gold Level - INNOVATION DRIVER LIMITED SPOTS AVAILABLE**

- Sponsor of one session
- Logo on all printed promotional materials
- Prominent logo on conference program
- logo on web registration page
- Opportunity to present pop-up banner at event
- Verbal thank-you at the conference
- Logo on post-conference announcement
- 5 complimentary registrations to the conference

#### **\$10,000 - Pillar - POWERHOUSE SOLD OUT**

- Top logo on all promotional materials including media releases
- Top logo on conference program
- Top logo on web registration page
- Prominent positioning of logo and name and sponsor title recognition reflected on letterhead, media releases and other correspondence, including on-site materials
- Visual signage during all functions (banner, popups, etc) \*\* sponsor provided \*\*
- Opportunity to feature present pop-up banner at event
- Verbal thank-you throughout conference
- Introductory remarks to introduce keynote session
- Recognition in press kits & press
- Logo on post-conference announcement
- 10 complimentary registrations
- 2 Invites to VIP Luncheon in Regina
- Preferred seating with VIPs throughout the conference

#### **PARTICIPANT SUPPORTER**

I would like to sponsor \_\_\_\_ (number of tickets) for:

- students
- patients
- indigenous community members

(check all that apply, if no preference provided the conference organizers will make a selection).

#### **Please complete the following:**

Contact Person: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### **EMAIL THE COMPLETED FORM TO:**

**Angela Jamieson**  
**VidaShield Canada**  
**angela@row5.ca**

**For more information, call 1-306-280-1174.**

**You will be contacted using the information provided to collect payment details.**

**Thank you for your sponsorship!"**

Web: [www.healthops.ca](http://www.healthops.ca)

Web: [www.saskchamber.com](http://www.saskchamber.com)

*Note: The Office for Health Innovation reserves the right to substitute sponsorship deliverables as required.*