

# SPONSORSHIP OPPORTUNITIES

HCANJ's Annual Convention and Expo is the perfect opportunity to showcase your organization's products and/or services!

As a convention sponsor you will enjoy visibility and recognition throughout this premier event.

One of the largest healthcare expos in the country, this annual event welcomes over 2,000 owners, administrators, nurses, dietitians, consultants and other personnel integral to the operation of long term care facilities.

**Don't miss this unique opportunity to put your organization out in front of these decision-makers!**

*(Please note that registration is required in order to attend the convention & expo. Sponsorship alone does not provide this access.)*

## Keynote Speaker Sponsorship - \$5,000

- Kick-off this year's convention with the opportunity to speak about your company & introduce the speaker at this heavily-attended keynote session.

## Premier Event Sponsorships

- HCANJ After Hours Cocktail Reception - \$5,000**  
(Wednesday, October 30)  
**HCANJ After Hours band - SOLD: Victory Pest**
- Exhibitor Ballroom Cocktail Reception - \$1,000**  
(Tuesday, October 29)

## Other High-Visibility Sponsorships

- Watercooler - \$250 each**
- HCANJ "Game Room" - \$700**
- Convention Tote Bags - SOLD: TypoDuctions**
- Attendee/Exhibitor Badge Holders -  
SOLD: Specialty RX**

## Social & Education Event Sponsorships \$500 each

- Tuesday DON Roundtable Breakfast**
- Tuesday Attendee/Vendor Breakfast**
- Tuesday Lunch**
- Tuesday Kosher Lunch**
- Tuesday Awards Luncheon**
- Wednesday Breakfast**
- Wednesday Lunch**
- Wednesday Kosher Lunch**
- Thursday Annual Member Session Breakfast**



We agree to purchase the above sponsorship(s) and understand that it is our responsibility to supply HCANJ with an electronic file (high resolution .jpg) of our logo by September 1st in order to ensure that it can be displayed as described above.

Company \_\_\_\_\_

Address \_\_\_\_\_  
Street City State/Zip

Payment Method  Check enclosed for \$ \_\_\_\_\_ OR  Charge my card for \$ \_\_\_\_\_  MasterCard  Visa  AMEX

Credit Card No. \_\_\_\_\_ CV2#\* \_\_\_\_\_ Exp. Date \_\_\_\_\_

\*the CV2# is the three or four digit additional black number on the front or back your credit card. (Example: 4786 411)

Primary Contact Name \_\_\_\_\_ Primary Contact Email \_\_\_\_\_

### CREDIT CARD INFORMATION (To whom and where credit card statement is sent)

Cardholder Name \_\_\_\_\_ Cardholder Phone \_\_\_\_\_

Cardholder Address \_\_\_\_\_  
Street City State/Zip

Cardholder Signature \_\_\_\_\_

**Questions?** Please contact Michelle Palko by phone: 609-890-8700 or email: michelle@hcanj.org.

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