

Great Lakes
An Independent Chapter of



**American College of
Healthcare Executives**
for leaders who care®

Great Lakes Chapter
American College of Healthcare Executives
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Erica Waltz, Willis Towers Watson

March 1, 2018

Dear XXXX,

The Great Lakes Chapter, American College of Healthcare Executives (GLACHE) is the professional organization serving healthcare leaders, working in a variety of settings, including hospitals, health plans, medical practices, consulting firms, pharmaceutical companies, nursing homes, universities, and other areas of the healthcare industry, throughout central, western, and northern Michigan, to including the Upper Peninsula region.

GLACHE would like to offer your organization an opportunity to gain exposure to the top healthcare organizations and management teams in our region by sponsoring our chapter and its many activities.

Our sponsorship program enables your organization to put its message in front of the healthcare industry's most important decision makers in our area. You can gain visibility, establish vital relationships and position your products and services with the healthcare professionals throughout the GLACHE area. As a sponsor, you will extend your networking with industry leaders and have opportunities to expand your knowledge of the healthcare industry through your invited attendance at our programming events. Your participation will also align your company with the ACHE - GLACHE brand which is recognized as the leading healthcare organization for healthcare executives.

Most of all, your sponsorship will help provide high quality, timely and affordable education to our membership.

To participate, please complete the attached form and return it to the GLACHE office.

Sincerely,

Patrice Hatcher, FACHE – 2018 Sponsorship Chair

E: patrice.hatcher@mcclaren.org P: (810) 342-25



2018 Sponsorship Benefits

Sponsorship benefit	Gold \$2500	Silver \$1000	Bronze \$750	Hospital Contributing Member \$350
Sponsorship level Recognition at Chapter educational & networking events	X	X	X	X
Booth display at one Chapter event	X	X		
Sponsorship level recognition on Chapter's website	X	X	X	X
Sponsorship level recognition on all printed and electronic chapter communications	X	X	X	
Invited guest status for one person at one Chapter event less than 8 hours	X	X	X	
Link to Organizational home page from Chapter website	X	X		
Opportunity to offer Prizes/giveaways at one chapter function of less than 8 hours during the year	X	X		
Opportunity to offer prizes/giveaways at all Chapter Educational. & Networking events for the year	X			
Opportunity for a Booth display at every event throughout the year	X			
Opportunity to place a one page, two-sided company overview at the event registration table or at the sponsor exhibit table for up to 3 chapter events during the year	X			
Opportunity to invite all or selected chapter members to one networking or educational event during the year being sponsored and funded by the sponsor	X			
2 complimentary registrations to a Chapter educational/networking event for hospital executive team members	X			
Networking opportunity with GLACHE Higher Educational Network University HCA Programs	X			

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2018 Annual Sponsorship Form

Contact Information (All information required)

Contact Name: _____

Contact Title: _____

Company Name: _____

Address: _____

City: _____ State: _____

Phone: _____ Fax: _____

Email: _____

Sponsor Level

Please select sponsorship level:

Gold - \$2,500 Silver - \$1000 Bronze - \$750 Hospital Contributing Member - \$350

Sponsor Information

Please email the following items to patrice.hatcher@mclaren.org.

- High resolution, color logo in .jpg or .eps form _____
- One paragraph description of your company _____
- Gold Level Sponsor link to company home page _____

Payment Information

We accept checks and credit cards. If you would like to pay by check, please make checks payable to **Great Lakes ACHE** and mail to **P.O. Box 68013, Grand Rapids, MI 49516**. If you would like to pay by credit card please complete the form below or call Great Lakes ACHE (616)456-8013:

Amex Discover Master Card Visa

Credit Card Number: _____ Expiration Date: _____

Security Code: _____ Name on Credit Card: _____

Billing Address: _____

Signature: _____