



ARKANSAS RURAL HEALTH PARTNERSHIP

Sponsorship Opportunities

SILVER

- \$1,500 investment
- Organizational link on ARHP website
- Logo on Website and communications
- Listed in the annual report
- One-page informational document included in board packet twice per year

GOLD

- \$5,000 investment
- Organizational link on ARHP website
- Logo on website and communications
- Listed in the annual report
- One-page informational document included in board packet quarterly
- Present to Roundtable of choosing once per year (30 minutes)
- Access to ARHP CEO and leadership team direct emails

PLATINUM *(Only one per category)*

- \$10,000 investment
- Organizational link on ARHP Website
- Logo on website and communications
- Present to ARHP Roundtables of choosing once per year (30 minutes)
- Listed and ½ page ad on the inside cover of the annual report
- One-page informational document included in all board packet meetings
- Yearly presentation to ARHP members and leadership team
- Access to ARHP CEO and leadership team direct emails

FOR MORE INFORMATION CONTACT:

Lynn Caldwell Hawkins, Chief Officer of Operations

lynnhawkins@arruralhealth.org | 501-588-3938

and

Mellie Boagni, Chief Executive Officer and President

mellie@arruralhealth.org | 870-265-6553



Sponsorship Application

This page is to be completed for all sponsorship levels.

ORGANIZATION NAME		PHONE
WEBSITE ADDRESS		COMPANY EMAIL
BUSINESS ADDRESS		
CITY	STATE	ZIP
BILLING CONTACT NAME		EMAIL
BILLING ADDRESS		PHONE
CITY	STATE	ZIP

- Email a one-page informational document (PDF file) to **lynnhawkins@arruralhealth.org** and **mellie@arruralhealth.org**
- Email a high-res company logo (300dpi .jpeg, .png or .eps [preferred] file) to **lynnhawkins@arruralhealth.org** and **mellie@arruralhealth.org**

VENDOR INFORMATION *(Please complete for all Sponsorship Levels.)*

Are you currently working with any AHRP member hospital, clinic, or medical teaching institute? <i>If yes, please list here:</i>	☐ YES	☐ NO
Is this a:	☐ PRODUCT	☐ SERVICE ☐ BOTH
Are you associated with any GPOs? <i>If yes, please list here:</i>	☐ YES	☐ NO
Is this product/service a new technology?	☐ YES	☐ NO
Are you credentialed with a 3rd party credentialing service? <i>If yes, please list here:</i>	☐ YES	☐ NO
Will this product/service require training or in-service? <i>If yes, will there be an additional cost?</i>	☐ YES ☐ YES	☐ NO ☐ NO
Are you aware of any conflict of interest (i.e., vendor, staff, or physician)? <i>If yes, please provide an explanation of circumstances surrounding the potential conflict here:</i>	☐ YES	☐ NO



Sponsorship Application (CONTINUED)

- Brief description of your product or service:

- Describe how this product/service is more effective than others in the market:

- Attach three references (in-state if possible) that are currently using this product. Name, Institution, and all pertinent contact information, including phone number and email, are required. (If the product is physician requested, a physician reference is required.)

GOLD LEVEL

ARHP ROUNDTABLE
CONTACT NAME

ARHP ROUNDTABLE
CONTACT EMAIL

PHONE

PLATINUM LEVEL

ARHP ROUNDTABLE
CONTACT NAME

ARHP ROUNDTABLE
CONTACT EMAIL

PHONE

ARHP BOARD PRESENTATION
CONTACT NAME

ARHP BOARD PRESENTATION
CONTACT EMAIL

PHONE

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