



Sponsorship & Exhibiting Opportunities

SUPPORTER INFORMATION

Company/Organization: _____
Contact Person: _____
Phone: _____
Email: _____
Mailing address: _____

LEVEL OF SUPPORT

- Presenting Sponsor (\$2,000)
- Provider Education Partner (\$1,000)
- Breakfast/Lunch Supporter (\$500)

EXPOSURE OPPORTUNITIES

Options available for all supporters:

- Exhibitor Table
- Logo in Program Book

PAYMENT METHOD

- Check Make payable to 'Dignity Health - St. Rose Dominican' with 'MCH Coalition' noted in subject line.
Mail to: Nevada Statewide MCH Coalition, 7220 S. Cimarron Rd, Suite 195, Las Vegas, NV 89113

- Credit Card

Name on Card: _____
Credit Card Number: _____
Expiration Date: _____
Billing Address: _____

For additional questions regarding exhibitor and sponsor information, please contact Kameron Klein at Kameron.Klein@dignityhealth.org

