

# AdventHealth Avista Wellness Luncheon



FRIDAY, APRIL 12, 2024 | 10:30 am – 1:30 pm

	Event Sponsor \$20,000 1 Available	Auxiliary <b>SOLD OUT</b> \$5,000 1 Available	Speaker Sponsor \$10,000 1 Available	Luncheon Sponsor \$5,000	Breakout Sponsor \$2,500	Centerpiece Sponsor \$1,000	Networking Sponsor \$1,000	Reserved Table of 10 \$1,200
Special acknowledgment in luncheon video	X	X						
Company representative in luncheon presentation	X	X						
Company-provided banner displayed at luncheon	X	X						
Assist with keynote introduction			X					
Company slide in presentation	X	X	X					
Company logo/name in program	Logo	Logo	Logo	Logo	Name	Name	Name	
Company logo/name in invitation	Logo	Logo	Logo	Logo	Name	Name	Name	
Logo/name displayed at event	Logo	Logo	Logo	Logo	Name	Name	Name	
Social media post	X	X	X	X				
Eblasts leading up to the event	X	X	X	X				
Opportunity to provide branded guest takeaway	X	X	X	X				
Event tickets and luncheon	20 Tickets	10 Tickets	10 Tickets	10 Tickets	5 Tickets	2 Tickets	2 Tickets	10 Tickets
Logo/name on breakout session materials					X			
Logo on centerpiece giveaways						X		
Logo displayed at networking event							X	

**Sponsorship Opportunities | Registration – Contact 303-673-1011 or visit [rmahf.org/avistawellnesslunch](https://rmahf.org/avistawellnesslunch)**

AdventHealth Avista

# Wellness Luncheon

FRIDAY, APRIL 12, 2024  
10:30 am – 1:30 pm  
Omni Interlocken Hotel

## Sponsorship Registration

**Yes! I could like to participate!**

- Event Sponsor – \$20,000     Auxiliary **SOLD OUT** 10,000     Speaker Sponsor – \$10,000  
 Luncheon Sponsor – \$5,000     Breakout Sponsor – \$2,500     Centerpiece Sponsor – \$1,000  
 Networking Sponsor – \$1,000     Reserved Table of 10 – \$1,200

I am unable to attend the event, but have enclosed a donation of \_\_\_\_\_

Organization or Individual Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Sponsor Representative Signature \_\_\_\_\_

### Payment Info

- Cash     Check     Credit Card: Visa | Mastercard | Discover | AmEx

Cardholder Name \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Number \_\_\_\_\_ Signature \_\_\_\_\_

### Attendees

Name 1 \_\_\_\_\_ Name 6 \_\_\_\_\_

Name 2 \_\_\_\_\_ Name 7 \_\_\_\_\_

Name 3 \_\_\_\_\_ Name 8 \_\_\_\_\_

Name 4 \_\_\_\_\_ Name 9 \_\_\_\_\_

Name 5 \_\_\_\_\_ Name 10 \_\_\_\_\_

Please return with payment by April 1, 2024 to:

Lockbox 913401

AdventHealth Rocky Mountain Foundation

PO Box 913401 | Denver, CO 80291-3401

**Sponsorship Opportunities | Registration**

[mahf.org/avistawellnesslunch](http://mahf.org/avistawellnesslunch)

