Tri-City Medical Center

Sponsorship Request Form

To be considered for sponsorship this form must be filled out completely. Changes or additions made after submission need to be approved by TCMC before the sponsorship check is released. Please note TCMC is net 60-90 days and all ad requests need to be submitted 30 days before they are due.
Thank you.

Name of event: _____

Date of event: _____

Time of event: _____

Venue location and address: _____

Name of vendor (name to be placed on check): _____

Address to mail check: _____

Date check needed by: _____

Event sponsorship contact:

Name_____ Email _____Phone _____ Cell _____

Media Contact:

Name _____ Email _____Phone _____Cell _____

VIP parking? Yes   No
describe: _____ _____

Are there other hospital sponsors? Yes   No
describe: _____ _____

Is there a meal with this event? Yes   No
If yes, is there a table included in sponsorship? Yes   No   If yes, how many seats? _____

Do attendee names for the tables need to be submitted? Yes   No
If yes, when? _____

Email for TCMC to submit logo: _____

How will TCMC be promoted: _____

Are digital ads included? Yes   No   :   Do you produce the ad? Yes   No
If you need any artwork from TCMC to produce the ad, please include the following information:
Date artwork is due: _____
Dimensions: _____
File type:_____
When & where will they be displayed: _____

Are print ads included? Yes   No   :   Do you produce the ad? Yes   No
If you need any artwork from TCMC to produce the ad, please include the following information:
Date artwork is due: _____
Dimensions: _____
File type:_____
When & where will they be displayed? _____

Any promotional items needed? Yes   No
If yes, what items? _____ How many? _____
When will you pick up? _____

Is there a booth option? Yes   No
If yes, is it inside or outside? _____ Space size_____
What is provided? _____
What does TCMC need to bring? _____
Where/when can TCMC unload? _____
Is help available? _____

What other items does TCMC get for this sponsorship? _____
_____

(Print name) _____

(Signature) _____

Date form submitted: _____

Click =ere to ᴑubmit ⋯⋯⋯⋯
¨or emaïl/mail to:

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