

**TREAT
ALL
OF ME**

CHANGING CARE
TOGETHER SUMMIT
2024

NOVEMBER 1, 2024
NORRIS CONFERENCE CENTER

NEXUS
HEALTH SYSTEMS
MENDING MINDS.

changingcaretogether.com



YOU'RE INVITED TO PARTICIPATE

Join us for the Changing Care Together Summit, where healthcare leaders and other stakeholders will be discussing the state of integrative health. Together, we're advancing the conversation of whole-person care — and highlighting the critical need for a bridge between behavioral and medical services.

This event offers sponsorship opportunities that allow you to interact with your target audience. Knowing that budgets and calendars are determined well in advance of conferences, we would like to give you the chance to plan ahead.

TARGET AUDIENCE

The individuals and organizations expected to attend this summit include clinicians, referral partners, insurance companies, and other payors, policymakers, community stakeholders, and professional organizations.

EXPECTED ATTENDANCE

200+ healthcare industry leaders and other stakeholders

EXHIBIT HALL TRAFFIC

Registration, keynote speech, panel, breaks, and breakfast and lunch buffets will occur in the exhibit hall.

GENERAL SPONSOR BENEFITS *(when applicable)*

- 6' x 24" draped table
- 2 chairs
- 8'-wide x 3'-deep exhibiting space
- Complimentary event registrations *(quantity dependent on sponsorship level)*

PAYMENT INFORMATION

Payment must be received by September 6, 2024. Nexus Health Systems reserves the right to release sponsorship and booth space to organizations on the waiting list if payment is not received by the deadline.

Please make checks payable to Nexus Health Systems and mail to:

Nexus Health Systems
Attn: Treat All of Me: Changing Care Together Summit
One Riverway, Suite 700
Houston, Texas 77056

You can pay via credit card by contacting 713.589.4128 or completing the credit card form included in this packet.

SPONSORSHIP OPPORTUNITIES



PLATINUM SPONSOR | \$5,000

- List of attendees with emails
- 10-minute company overview presentation during networking session
- Option to introduce speaker and/or panel presentation
- Primary placement of company name and logo included in event marketing and on-site materials
- Primary placement of company name, logo, and a link of your choice on the event webpage
- Primary signage and recognition at event location
- 6' exhibit booth space in registration/welcome area
- Dedicated social media acknowledgment with logo (Facebook, LinkedIn, Instagram)
- Reserved table (eight event registrations)
- One piece of collateral in conference swag bag



PARTNERING SPONSOR | \$3,000

- List of attendees with emails
- Primary placement of company name and logo included in event marketing and on-site materials
- Primary placement of company name, logo, and a link of your choice on the event webpage
- Primary signage and recognition at event location
- 6' exhibit booth space in registration/welcome area
- Mention and logo displayed in social media post (Facebook, LinkedIn, Instagram)
- Two event registrations for team
- One piece of collateral in conference swag bag



CONTRIBUTING SPONSOR | \$2,000

- Company name and logo included in event marketing and on-site materials
- Company name, logo, and a link of your choice on event webpage
- Signage and recognition at event location
- 6' table in registration/welcome area
- Mention and logo displayed in social media post (Facebook, LinkedIn, Instagram)
- Two event registrations for team



PARTICIPATING SPONSOR | \$1,000

- Company name and logo included in event marketing and on-site materials
- Company name, logo, and a link of your choice on event webpage
- One event registration

CHANGING CARE TOGETHER SUMMIT 2024

SPONSORSHIP APPLICATION

Complete the following form and email or mail to initiate the sponsorship application process.

SPONSORSHIP COMPANY

Company Name: _____
Address: _____ Suite #: _____
City/State/Zip: _____
Phone: _____

PERSONNEL WHO SHOULD RECEIVE SPONSORSHIP & EXHIBITING MATERIALS

Contact Name: _____
Address: _____ Suite #: _____
City/State/Zip: _____
Phone: _____
Email: _____

SECONDARY CONTACT

Contact Name: _____
Address: _____ Suite #: _____
City/State/Zip: _____
Phone: _____
Email: _____

SPONSORSHIP OPPORTUNITY

- Platinum Sponsor | \$5,000 Contributing Sponsor | \$2,000
 Partnering Sponsor | \$3,000 Participating Sponsor | \$1,000

PAYMENT OPTIONS

- Credit Card Check
Call 713.589.4128 or complete the following the credit card form. *Mail to: Nexus Health Systems
Attn: Treat All of Me: Changing Care Together Summit
One Riverway, Suite 700
Houston, Texas 77056*

TYPE OF CREDIT CARD

- Visa MasterCard American Express

Credit Card #: _____ Expiration Date: _____
Security Code #: _____ Charge \$: _____
Name: _____ Signature: _____
Email: _____

Email completed forms to cvaldez@nexushealthsystems.com or mail to: Nexus Health Systems
Attn: Changing Care Together Summit 2024, One Riverway, Suite 700, Houston, Texas 77056