



# TREAT ALL OF ME

CHANGING CARE  
TOGETHER SUMMIT  
**2024**

**NOVEMBER 1, 2024**  
NORRIS CONFERENCE CENTER



**NEXUS**  
HEALTH SYSTEMS  
MENDING MINDS.

[changingcaretogether.com](https://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](mailto:cvaldez@nexushealthsystems.com) or mail to: Nexus Health Systems  
Attn: Changing Care Together Summit 2024, One Riverway, Suite 700, Houston, Texas 77056