



TREAT **ALL** OF ME



CHANGING CARE
TOGETHER SUMMIT
2025

**THURSDAY,
SEPTEMBER 18**

THOMPSON HOTEL
1717 Allen Parkway
Houston, Texas 77019

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 integrated 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

Expected attendees include clinicians, referral partners, payors, policymakers, community stakeholders, and professional organizations.

EXPECTED ATTENDANCE

200+ healthcare industry leaders and other stakeholders

GENERAL SPONSOR BENEFITS

- 6' x 2' 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 one week prior to the event. 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
- Premier placement of company logo included in event marketing and on-site materials
- Premier placement of company logo on event webpage and signage
- Special recognition at event location
- 6' exhibit booth space
- 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
- Premier placement of company logo included in event marketing and on-site materials
- Premier placement of company logo on event webpage and signage
- 6' exhibit booth space
- Mention and logo displayed in social media post (Facebook, LinkedIn, Instagram)
- Four event registrations
- One piece of collateral in conference swag bag



CONTRIBUTING SPONSOR | \$2,000

- Company logo included in event marketing and on-site materials
- Company logo on event webpage and signage
- 6' exhibit booth space
- Mention and logo displayed in social media post (Facebook, LinkedIn, Instagram)
- Two event registrations



PARTICIPATING SPONSOR | \$1,000

- Company logo included in event marketing and on-site materials
- Company logo on event webpage and signage
- 6' exhibit booth space
- Mention and logo displayed in social media post (Facebook, LinkedIn, Instagram)
- One event registration

For information about non-profit sponsorship opportunities, please contact us directly at 713.589.4128.

CHANGING CARE TOGETHER SUMMIT 2025

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

Will you require a 6' exhibition space? Yes No

PAYMENT OPTIONS

Credit Card

*Call 713.589.4128 or complete
the following the credit card form.*

Check

*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 2025, One Riverway, Suite 700, Houston, Texas 77056*