

SPONSORSHIP INFORMATION

Sponsor the 2018 PLUS Healthcare & Medical PL Symposium, March 20 & 21 in Chicago.

Put your company in the center of this updated event, drawing hundreds of healthcare and medical PL insurance professionals. Your organization's support enables PLUS to further its mission by providing an exceptional educational experience to industry attendees from across the marketplace.

SPONSORSHIP OPPORTUNITIES

Platinum - \$8,000

Gold - \$6,000

Silver - \$4,000

Bronze - \$2,000

SPONSORSHIP BENEFITS

Complimentary registrations:

- **Platinum:** 3
- **Gold:** 2
- **Silver:** 1

Recognition and acknowledgement appropriate for the level of support:

- In on-site materials and signage
- On the PLUS website

2 complimentary passes to the Tuesday evening reception.

To discuss sponsorship opportunities for these events, please contact any of the Chairs:

HEALTHCARE & MEDICAL PL SYMPOSIUM CHAIRS

Valoree Celona
Ironshore Insurance Services LLC

► Valoree.Celona@LibertyIU.com
► 212.898.4377

Bill Fleming, RPLU
The Doctors Company

► bffleming@thedoctors.com
► 517.324.6732

Patricia Marzella-Graubart
Swiss Re

► patricia_marzella@swissre.com
► 914.828.8388

SPONSORSHIP AGREEMENT FORM

We offer our sponsorship support as follows:

☐ Platinum - **\$8,000** ☐ Gold - **\$6,000** ☐ Silver - **\$4,000** ☐ Bronze - **\$2,000**

We acknowledge our commitment to this level by:

- ☐ Enclosing a check or credit card information for the total amount indicated, or
- ☐ Signing below and anticipating an invoice from PLUS payable by **February 27, 2018**.

** By signing this form, we are fully aware of the associated benefits as outlined in the PLUS Sponsorship Information sheet.*

** Any assistance, questions, or concerns about sponsorship may be directed to PLUS at 800.845.0778.*

** All sponsorships are payable to the Professional Liability Underwriting Society (Tax I.D. #41-1605606). Consult your accountant about tax implications.*

CONTACT INFORMATION

Name: _____ Title: _____

Address: _____

Email: _____ Phone: _____

Fax: _____ Authorized Signature: _____

Date: _____ How Your Company Should Be Listed: _____

CREDIT CARD PAYMENT: ☐ Visa ☐ MasterCard ☐ American Express ☐ Diners

Account Number: _____ Expiration Date: _____

Card Member Name: _____

Signature: _____ Please Print

PLEASE FILL OUT THE INFORMATION ABOVE AND RETURN TO:

Kim Rocha | PLUS | 5353 Wayzata Blvd., Suite 600 | Minneapolis, MN 55416
Phone: 800.845.0778 or 952.746.2580 | Fax: 952.746.2599 | krocha@plusweb.org

The Professional Liability Underwriting Society retains full control over all Symposium events and may terminate this sponsorship agreement at its discretion. To ensure sponsor recognition on all signage throughout the event and to be included in program materials, all sponsor forms must be received by the PLUS office by February, 27, 2018.