

Dear Partner Sponsor,

On behalf of Palmetto Care Connections (PCC), our Telehealth Network for South Carolina, I would like to cordially invite you to attend the **3<sup>rd</sup> Annual Telehealth Summit**, which will be held on **September 25, 2014** in Columbia, SC, at the **Columbia Metropolitan Convention Center**. Our 2013 Summit proved to be a very successful event whereby health care providers, policy makers, researchers and vendors gathered to network and learn more about telehealth, telemedicine opportunities, and programs available in South Carolina and in the Southeast region. Our goal this year is to grow our event by including state, regional, and national speakers who can share insights into trends across the country and how they impact the delivery of healthcare and provide a vast array of vendors who can interact with our attendees and demonstrate the latest and most up to date technologies and telemedicine applications.

We certainly value your sponsorship and appreciate your willingness to display your organization at our 3<sup>rd</sup> Annual Telehealth Summit of South Carolina. A full Summit Brochure and will be sent to you soon.

Display Table	Bronze \$1,000	Silver \$2,000	Gold \$3,000 *	Platinum \$5,000
Logo Displayed on Conference Brochure	*	*	*	*
Logo Displayed on Website	*	*	*	*
Recognition during Summit	*	*	*	*
Up to 4 Summit Attendees	*	*	*	*
Sponsor Snack During Break		*		
Sponsor Lunch			*	
Displayed as Health Care Leaders in SC				*
Banner Displayed at Summit				*

## **Sponsorship Opportunities**

(Note: Platinum Sponsorship only available to medical schools and health systems in South Carolina)

Please feel free to contact our office with any questions or concerns at 803-245-2672 or email Davia Smith at <u>davias@palmettocareconnections.org</u>. We look forward to working with you and your team.

Sincerely,

Kathy Schwarting, MHA Executive Director Palmetto Care Connections

## 3<sup>rd</sup> Annual Telehealth Summit Sponsorship Registration Form (Please Print)



Organization Name				
Representative Name	Title	E	mail Address	
Mailing Address		City	State	Zip Code

## Would you like to be considered as a possible Speaker/Moderator? Yes/No (Please Circle)

Organization Name					
Representative Name	Tit	le			
Mailing Address		City	State	Zip Code	
As a sponsor, you may regis	ter up to 4 Summit At	tendees (in	cluding yourself).		
Attendee Name	Title		Email Address		
Attendee Name	Title		Email Address		
Attendee Name	Title		Email Address		
Exhibit Needs (Please compl Will you need an electrical outlet?_	• •	-		_	
Will you use wireless or Hard Wired	d Internet Connection?				
How much bandwidth will you nee	d?			_	
Representative's Signature_			Da	ate	
	THA	NK YOU!			

Mailing Address: 1880 Main Highway, Bamberg, SC 29003 Office: 803-245-2672 Fax: 803-245-2673 Website: www.palmettocareconnections.org