



## Delaware Health Care Facilities Association

*"Fostering Quality Care in the Long Term Care Continuum since 1963"*

501 Silverside Road, Suite 51, Wilmington, DE 19809

(302)235-6895 Phone (302)239-4214 Fax

Email: [cheiks@dhcfa.org](mailto:cheiks@dhcfa.org) Web: [www.dhcfa.org](http://www.dhcfa.org)

Dear Service Provider:

As a service provider for the Delaware Long Term Care Community, your company and Delaware Health Care Facilities Association members share a common goal – to make a difference in the lives of the state's aging population. DHCFA works to provide a collective voice and a resource in Delaware for providers, their patients, and affiliated companies who assist in the operation and delivery of services through education and advocacy.

The projected 60+ population in Delaware is expected to grow 30% within the next five years, presenting a tremendous opportunity for your organization. Becoming a DHCFA sponsor supports our continued advocacy work, but also provides a direct conduit to build relationships with your customers. With legislative changes coming at the state and federal level, your support is needed now more than ever.

Will you consider joining DHCFA at one of our annual sponsor levels? By becoming a Gold, Silver, or Bronze sponsor you can budget and invest in DHCFA once for the year. This Sponsorship year will include live and virtual event opportunities, advertising, and meet-and-greets via Zoom with our providers.

- Sponsors have the opportunity for virtual "meet-and-greets" with providers
- Sponsorship includes free banner ad space for our weekly provider e-letter, with links
- At the **Gold** level, your \$7,500 investment gives you year-round, high-level exposure to our members with prominent placement at our events, on our website, and in our directory along with all other associate member benefits. Only three Gold sponsorships are available.
- At the **Silver** level, your \$5,000 investment commits your sponsorship for the year, with prominent placement at two of our three major events, a forward presence on our website, and a full-page ad in the annual directory along with all other associate member benefits. Only five Silver sponsorships are available.
- At the **Bronze** level, your \$1,500 investment gives you a sponsorship at one of our workshops, a booth space at one of our three major events, a full-page ad in the directory, a listing and link on our website, and all other associate member benefits. Only ten Bronze sponsorships are available.

Not prepared to commit all at once? We welcome you to continue as an **Associate** member for a modest \$550 investment. You will be listed in the directory, have additional opportunities to sponsor individual event-specific items, as well as advertising opportunities.

To help you make a decision, review the chart that's attached. You will also find in this packet:

- A Sponsorship Commitment form. We ask that you complete it fully to ensure accuracy in the directory
- A W-9 form should you need it to process payment

DHCFA and its members in the Long Term Care Community appreciate your support, and we look forward to you joining us. Please do not hesitate to call our office with any questions.

Thank you,

*Cheryl Heiks*

Cheryl Heiks

Executive Director

# DHCFA Sponsorship Benefits

Make your once-a-year investment for the broadest exposure to the long term care community in Delaware

<i>Sponsorships available</i>	3	5	10	<i>unlimited</i>
<b>Benefits</b>	<b>Gold \$7,500</b>	<b>Silver \$5,000</b>	<b>Bronze \$1,500</b>	<b>Associate \$550</b>
Sponsorship at Trade Show/Annual meeting with full-page ad in program in PLUS sponsorship at Trade Show with full-page ad in program	✓			
Sponsorship at Annual Meeting/Trade Show in September 2022	✓	✓		
Sponsorship at Education Conference and Holiday Social in December	✓	✓		
Sponsor at one educational event (\$1,000 value)			✓	
Opportunity for "Meet and Greet" with providers via Zoom	✓ (4)	✓ (3)	✓ (2)	
8' x 10' exhibit space with preferred placement at <u>3 major events</u>	✓			
8' x 10' exhibit space with preferred placement at <u>2 major events</u>		✓		
8' x 10' exhibit space with preferred placement at <u>1 major event</u>			✓	
8" x 10" inside page ad in directory	✓	✓	✓	
Virtual meet-and-greet on provider member Zoom meeting	✓	✓		
Opportunity to provide educational speakers along with 5-minute "about our company"	✓	✓	✓	
Banner ad opportunities for our provider weekly e-letter	✓ (4)	✓ (3)	✓ (2)	
Logo on directory cover	✓			
Listing as <u>sponsor member</u> in directory with logo	✓	✓	✓	
Logo on website with link	✓	✓	✓	
Banner ad space for purchase on weekly provider e-letter	✓	✓	✓	✓
Associate member benefits: <ul style="list-style-type: none"> <li>• Listing in the membership directory, distributed annually to members, hospital systems, government agencies, State and Federal legislators, and other referral agencies and stakeholders</li> <li>• Listing in our online Associate member directory with PDFs of marketing material posted</li> <li>• Access to resource information about Delaware providers, regulatory State agencies, and more!</li> <li>• Event-specific sponsorship opportunities*</li> <li>• Legislative and regulatory resources support</li> <li>• Networking opportunities</li> <li>• *These include advertising opportunities, webinar sponsorships, speaker sponsorships, meal sponsorships, and grand door prize sponsorships</li> </ul>	✓	✓	✓	✓

Questions about sponsorships and Associate memberships?  
Please call our office at 302-235-6895.

DHCFA looks forward to welcoming you!





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### SPONSOR COMMITMENT FORM

Company/Organization/Individual:

\_\_\_\_\_

Check all that apply:  Corporation  Professional Organization  Sole Proprietorship  
 For Profit  Non-Profit

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Business \_\_\_\_\_

\_\_\_\_\_

Description of Services of Products: \_\_\_\_\_

\_\_\_\_\_

Does your company belong to any other healthcare-related association?  YES  No

If yes, please list: \_\_\_\_\_

#### SPONSOR COMMITMENT (please check selections)

Check Enclosed  Credit Card (see authorization form)  Send Invoice

**GOLD \$7,500** (only 3 available). I understand we will receive all the rights and privileges outlined under the Gold sponsor level, including an associate membership.

**SILVER \$5,000** (only 5 available). I understand we will receive all the rights and privileges outlined under the Silver sponsor level, including an associate membership.

**BRONZE \$1,500** (only 10 available). I understand we will receive all the rights and privileges outlined under the Silver sponsor level, including an associate membership.

Please contact Cheryl Heiks [cheiks@dhcfa.org](mailto:cheiks@dhcfa.org) or Tomi Morris [education@dhcfa.org](mailto:education@dhcfa.org) with questions about sponsorship.

Mail/Fax forms and payment method to:

Delaware Health Care Facilities Association, 501 Silverside Rd. Suite 51, Wilmington, DE 19809

Secure fax: 302-239-4214



# Delaware Health Care Facilities Association

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## Associate Membership Application

Associate Members are persons or organization that supply goods or services to Long Term Care Facilities or have business or professional interest in the community. Associate Membership is not available to those eligible for Provider Membership or entities which manage nursing facilities or assisted living facilities, unless related to related to nursing facilities or other health care operations that are already members.

Please complete this form and submit along with payment in the amount of \$550 by March 10, 2022 to be included in the 2022 Membership Directory. Application must be accompanied by check or credit card payment for full amount of dues and purchased ad.

Company/Organization/Individual: \_\_\_\_\_

Check all that apply:     Corporation     Professional Organization     Sole Proprietorship  
                                   For Profit     Non-Profit

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Business \_\_\_\_\_

Description of Services of Products: \_\_\_\_\_

\_\_\_\_\_ Purchasing a Directory Ad?  Yes  No

Does your company belong to any other healthcare-related association?  YES  No

If yes, please list: \_\_\_\_\_

***Please note that both Associate Membership Dues and Ad payments are due to DHCFA. Send application with credit card payment or check made payable to:***

**Delaware Health Care Facilities Association**

501 Silverside Road Suite 51

Wilmington, DE 19809

ATTN: Associate Membership

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## CREDIT CARD AUTHORIZATION FORM

**MAIL or FAX only. Do not email.**

Company/Organization: \_\_\_\_\_

Reason for payment (check one):

Sponsorship  Association Membership

Credit Card Type:  VISA  MasterCard  American Express  Discover

Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Security Code \_\_\_\_\_ (3 digits on back, or 4 on front if AMEX)

Cardholder Information:

Name on card: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

TOTAL AMOUNT: \$ \_\_\_\_\_ Email Receipt Requested  YES  NO

Receipt will be kept on file. If receipt is requested, please provide the person's name who is to receive the receipt, their fax number and email, if difference from the cardholder information above:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

If sending with check, mail to: DHCFA, 501 Silverside Rd. Suite 51, Wilmington, DE 19809