

HealthCare Friends

A Networking Group of Health Care Professionals

Hosting Agreement HCF Monthly Meeting

Event Date: _____

Host Organization: _____

Contact Person: _____ Phone #: _____

Host Agrees to Provide the Following:

- **MUST BE A MEMBER OF HCF IN GOOD STANDING**
- Provide Guest Speaker for the meeting (*approximately 30-40 minutes*)
- Presentation by Host Representative with introduction of speaker
- Adequate seating to accommodate 60—90 attendees
- Adequate parking, with signage for 60—90 attendees
- Set-up of room to be ready by 8:00 am
- Room availability until approximately 10:30 am
- Continental or full breakfast, *determined by meeting host*
- Sound system with microphone
- One (1) Registration table at front door with 2 chairs
- One (1) Table for attendees brochures and literature
- One (1) Table for HOST presentation of brochures and literature
- Door Prize
- *Optional*--Provide representative as greeter at registration table
- *Optional*--Tour and information on host facility

HealthCare Friends to Provide the Following:

- Promotional materials for the event:
 - E-mail newsletters sent to over 1,250 healthcare professionals*
 - also includes link to host web site and host contact information*
 - Monthly meetings are advertised in local newspaper posting host location*
 - Meeting details are posted on HCF website with link to host web site*
- HCF representative to manage the registration desk
- HCF to provide Program Agenda and MC for introductions

Host Representative: _____ Date: _____

HCF Representative: _____ Date: _____

Please Mail Form to: HealthCare Friends -10573 PIMLICO Park. - Union, Kentucky 41091