

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:

- Provide Guest Speaker for the meeting (approximately 30-40 minutes)
- Presentation by Host Representative with introduction of speaker
- Adequate seating to accommodate 50—75 attendees
- Adequate parking, with signage for 50—75 attendees
- Set-up of room to be ready by 8:00 am
- Room availability until approximately 10:30 am
- Breakfast, determined by meeting host-HCF Rep
- 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
- Optional--Tour and information on host facility

MUST BE A MEMBER of HealthCare Friends

Assist with the PROMOTION of YOUR EVENT & PROGRAM

HealthCare Friends to Provide the Following:

Promotional materials for the event:

E-mail newsletter will include meeting details sent to over 1,250 healthcare professionals

E-mail reminders sent several times prior to your meeting

Meeting details are posted on HCF website with link to host's E-mail contact

Printed collateral materials promoting your event distributed during the year

Posted to HCF Facebook page

Post meeting details on Linked-In

HCF representative will 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