



# Summit on Quality

May 10

Wyatt Regency

Wichita, Kansas

## Sponsorship Opportunities

Approximately 100 professionals will be attending the Summit, all of which is expected to draw more than 200 professionals this year.

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Summit programming is designed to engage and connect a wide range of health care professionals — including physicians, nurses, clinic managers, hospital CEOs and other senior management, quality improvement professionals, risk managers, infection preventionists, long-term care providers, and other interested health care professionals — practicing in both urban and rural settings throughout our state. Find more information about the Summit at: [KHOnline.org/summit](http://KHOnline.org/summit).

*By sponsoring the Summit on Quality, you can demonstrate your commitment to patient safety and quality improvement in Kansas.*

### Platinum Summit Sponsor - \$5,000

- Company name and logo on Summit website information pages before and after the event
- Inclusion in Summit registration materials
- Four Summit registrations
- Ribbon denoting “Platinum Sponsor” on badges of sponsor’s attendees at the Summit
- Display table with preferred placement
- Logo on event signage
- Promotional materials in registration packet
- Reserved seating at awards luncheon

### Gold Summit Sponsor - \$3,000

- Inclusion in Summit registration materials
- Two Summit registrations
- Ribbon denoting “Gold Sponsor” on badges of sponsor’s attendees at the Summit
- Display table
- Logo on event signage

### Silver Summit Sponsor - \$1,000

- Display table
- Name on event signage
- Ribbon denoting “Silver Sponsor” on badges of sponsor’s attendees at the Summit
- One summit registration



# Summit on Quality Sponsor Commitment Form

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Yes, you can count on us to sponsor the 2019 Summit on Quality.

- Platinum Sponsor - \$5,000
- Gold Sponsor - \$3,000
- Silver Sponsor - \$1,000

*Please make checks payable to Kansas Healthcare Collaborative  
and mail along with this completed form to:*

*Kansas Healthcare Collaborative  
623 SW 10th Avenue  
Topeka, KS 66612*

Name \_\_\_\_\_

Title \_\_\_\_\_ E-mail Address \_\_\_\_\_

Company \_\_\_\_\_ Web site Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

## Questions:

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