



2020 Healthcare Awards Event

Partnership Form

The Greater Las Cruces Chamber of Commerce is hosting the 4th Annual Healthcare Awards to recognize the tremendous contribution the healthcare industry gives to our community including the many providers from very diverse span of services. These awards recognize those exceptional providers that make a difference in our community. Join us in support and recognition of these giving and caring individuals.

Virtual Event Date: November 14th
Broadcast: 5:00–6:00pm followed by live FB interaction after broadcast

General Information: Virtual Event to be broadcast on El Paso Las Cruces CW, FB, Instagram and YouTube. With over 22,000 exposures on CW + thousands of exposures on FB, Instagram & YouTube, this virtual event will give our partners long-lasting impressions.

Premier Sponsor \$5,000 (6 available)

- 3-minute event video to be broadcast during televised event
- Media Mentions & Company Logo through prior event marketing & during actual virtual event
- Opportunity to sponsor & present one of the awards at select Watch Party location
- Logo & ad included in printed program, distributed in Las Cruces Bulletin
- Table signage at all Watch Party locations
- Logo Included in printed marketing post event materials

Major Sponsor \$3,500 (6 available)

- Media Mentions & Company Logo through prior event marketing & during actual virtual event
- Logo & ad included in printed program, distributed in Las Cruces Bulletin
- Recognition at select Watch Party location
- Logo Included in printed marketing post event material

Corporate Sponsor - \$800

- Listing & recognition during televised event & printed program
- Individual Table signage at select Watch Party Location
- Name listing in printed marketing post event material



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Company Name: _____ Date: _____
Contact Person: _____
Phone: _____ Email: _____

Yes! Please confirm my sponsorship level.

- ☐ Premier Sponsor - \$5000
- ☐ Major Sponsor - \$3500
- ☐ Corporate Sponsor - \$800

☐ Check # _____

☐ Please charge my credit card MC _____ Visa _____ AmEx _____

Name on Card: _____

Billing Address: _____ City: _____ State _____ Billing Zip _____

Card Number: _____

Exp. Date: _____ Security Code: _____

Please return this completed form to
Greater Las Cruces Chamber of Commerce
150 E Lohman Ave
ATTN: Brandi Misquez
Las Cruces NM 88001
(575) 524-1960
bmisquez@lascruces.org