What is the Healthcare Collaborations Summit?
This special, daylong forum is presented once every two years. The inaugural summit in 2013 and the second summit in 2015, both presented by Virtua in partnership with Children’s Hospital of Philadelphia, were highly successful, bringing together more than 250 healthcare leaders and policy makers who discussed the importance of partnerships and collaboration in developing policies and programs in this era of healthcare reform.

This year’s summit will be presented by Virtua in partnership with Aetna and will build upon that theme of collaboration, exploring ways we can work together to address and understand the role of social determinants of health. This event will bring together hundreds of regional and national leaders of healthcare systems, as well as physicians, public health leaders, researchers, community and civic leaders, and students. Together, we will examine how the conditions our community members live in, learn in and work in — as well as factors like socioeconomic status and education level — impact health outcomes. Our goal is to spark innovative ideas that improve individual and population health, and advance health equity.

All stakeholders in healthcare will benefit from this important day of learning and collaborative dialogue. Join us and hear from experts who are thinking outside the box and transforming healthcare.

When and Where is the Healthcare Collaborations Summit?
The Healthcare Collaborations Summit will take place on Friday, November 3, 2017, at the Philadelphia Marriott Downtown, located at 1201 Market St., Philadelphia, PA 19107. The Marriott is near the Pennsylvania Convention Center and in close proximity to many downtown restaurants, shops and tourist attractions.

The cost per registrant is $150 for the day. An early registration rate of $99 is offered until June 1, 2017.

A block of rooms has been held at the hotel for the evening of November 2, 2017, for the special rate of $242. Please mention “Virtua” when making your reservation. Room reservations must be made by Friday, October 13, 2017. To reserve a room, please call 1-800-228-9290.

How Can We Participate in the Summit?
A variety of sponsorship opportunities are available for individuals or businesses that understand the importance of demonstrating support for partnerships to advance the future of healthcare. The sponsorship levels we offer, which are detailed in the attached, provide a range of opportunities for you to join us at this special Summit.
SPONSORSHIP OPPORTUNITIES

**Gold Sponsor - $15,000**

- Ten complimentary registrations to the Summit
- Recognition on promotional materials
- Special VIP meet and greet with leaders and speakers
- Speaking opportunity
- Complimentary exhibit booth at the Summit
- Name and recognition in the Virtua Foundation Annual Report
- Full page ad in program book

**Silver Sponsor - $10,000**

- Five complimentary registrations to the Summit
- Recognition on promotional materials
- Special VIP meet and greet with leaders and speakers
- Half page ad in program book

**Bronze Sponsor - $5,000**

- Five complimentary registrations to the Summit
- Recognition on promotional materials
- Special VIP meet and greet with leaders and speakers

**Individual Tickets - $150**
Cost per person for entrance into conference.
CONTACT INFORMATION (PLEASE PRINT)

Your Information
Organization or Individual: ______________________________________________________

The sponsorship will be recognized using the name above in printed materials, announcements, etc.

Name: ________________________________ Title: ________________________________
(Name that should appear in correspondence)

Contact Person: ___________________________ Phone: ________________________
(If different than above)

Address: _______________________________________________________________________
City: _________________________________ State: ___________________ ZIP: _____________
Preferred E-mail: _________________________________________________________________

Level of Sponsorship (please check one)
☐ $15,000 Gold Sponsor
☐ $10,000 Silver Sponsor
☐ $5,000 Bronze Sponsor
☐ $150 Individual Ticket

Total Sponsorship $______________ Total Ticket(s) $______________
TOTAL COMMITMENT $______________

Method of Payment
☐ Credit Card ☐ Check Enclosed

Card Number: ____________________________ Expiration Date: ___ / ___ / ____ CSV:______

Name on Card: __________________________ Signature:_____________________________

Authorization
I/We accept all benefits associated with our chosen level of sponsorship. _____ (please initial)

Please make checks payable to: Virtua Foundation

Send to: Virtua Foundation
P.O. Box 70260
Philadelphia, PA  19176-9703

Please send reply form and payment by October 15, 2017.