



Tri-City Medical Center

Event Sponsorship Request

To be considered for sponsorships, events must adhere to the community health needs and social determinants of health. This form must be filled out completely. Changes or additions made after submission need to be approved by TCMC before the sponsorship check is released. Please note TCMC is net 60-90 days and all ad requests need to be submitted 30 days before the deadline.

Name of event: _____

Date of event: _____

Time of event: _____

Venue location and address: _____

Name of vendor (name to be placed on check): _____

Address to mail check: _____

Date check needed by: _____

Event sponsorship contact:

Name _____ Email _____ Phone _____ Cell _____

Media Contact:

Name _____ Email _____ Phone _____ Cell _____

VIP parking? Yes No

describe: _____

Are there other hospital sponsors? Yes No

describe: _____

Is there a meal with this event? Yes No

If yes, is there a table included in sponsorship? Yes No If yes, how many seats? _____

Do attendee names for the tables need to be submitted? Yes No

If yes, when? _____

Email for TCMC to submit logo: _____

How will TCMC be promoted: _____

Are digital ads included? Yes No : Do you produce the ad? Yes No
If you need any artwork from TCMC to produce the ad, please include the following information:

Date artwork is due: _____
Dimensions: _____
File type: _____
When & where will they be displayed: _____

Are print ads included? Yes No : Do you produce the ad? Yes No
If you need any artwork from TCMC to produce the ad, please include the following information:

Date artwork is due: _____
Dimensions: _____
File type: _____
When & where will they be displayed? _____

Any promotional items needed? Yes No
If yes, what items? _____ How many? _____
When will you pick up? _____

Is there a booth option? Yes No
If yes, is it inside or outside? _____ Space size _____
What is provided? _____
What does TCMC need to bring? _____
Where/when can TCMC unload? _____
Is help available? _____

What other items does TCMC get for this sponsorship? _____

(Print name) _____

(Signature) _____

Date form submitted: _____

Click Here to Submit
or email/mail to:

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