New London Hospital HOSPITAL DAYS August 4-7 200 August 4-7, 2022 **Sponsorship Opportunities**

Hospital Days	Platinum \$2,500	Gold \$1,000	Silver \$500	Bronze \$250
Corporate logo (\$1,000 or above) or name featured on event webpage, social media and additional pre- event marketing.*	\checkmark	\checkmark	~	\checkmark
Corporate name featured in post-season thank you ads	\checkmark	\checkmark	\checkmark	\checkmark
Featured sponsor listing on social media*	\checkmark	\checkmark		
Corporate logo (\$1,000 and up) or name or on volunteer t-shirt*	\checkmark	\checkmark	\checkmark	\checkmark
Recognition on Yankee Cable Network (YCN) and radio spots*	\checkmark			
Logo on official Hospital Days Poster/Event Schedule*	\checkmark	\checkmark		
NEW FOR 2022: Corporate name on an individual yard sign placed in the town green during event*	\checkmark	\checkmark	\checkmark	\checkmark

Also included! Triathlon Benefits				
Opportunity to distribute company's marketing items, coupons or info via informational table at race**	~	\checkmark	\checkmark	\checkmark
Banner or poster displayed at Tri (provided by sponsor)	\checkmark			
Corporate logo on signage at the 5K mile markers (1k, 2k or 3k) or water station*	\checkmark	\checkmark	\checkmark	
2 complimentary triathlon entries	\checkmark			
Company announced at Tri awards ceremony	\checkmark	\checkmark		
Corporate name verbally recognized in pre-race meeting	~			
NEW FOR 2022: Company logo listed on finish line arch (side)*	\checkmark	\checkmark	\checkmark	

* Inclusion in pre-event promotion and event day signage is dependent on commitment date

** Table must be staffed by sponsor



www.newlondonhospital.org/hospitaldays 603-526-5427

2022 EVENT Sponsorship form

Contact Information

Company						
Contact Name		Conta	ct Title			
Address						
City/State/Zip						
Phone		Email				
Partnership Option						
Golf Invitational:	\$2,500	\$1,000	\$500	\$250	Raffle Item	
			Golf Raffle Item(s)			
Hospital Days/Triathlon:	\$2,500	\$1,000	\$500	\$250		
Annual Benefit:	\$5,000	\$2,500	\$1,000	\$500	\$250	
 I/we do not require sponsorship recognition; however I/we do wish to support New London Hospital. Please accept my/our contribution in the amount of: \$ 						

Method of Payment

Check Made payable to New London Hospital

Credit Card via Website www.newlondonhospital.org/events-classes

Please submit completed form and/or check to: community.relations@newlondonhospital.org or Mail to: New London Hospital, Attn: Community Relations, 273 Country Road, New London, NH 03257

Thank you for your support!

For more information about our events visit our website: www.newlondonhospital.org or call (603) 526-5427



New London Hospital