2024Gala Individual / Table Registration

(please complete payment form on other side)

Primary Contact Name

Primary Contact Phone

Primary Contact Email

Guest Names & Email (1 - 8):

| Guest Names & Email (1 - 8): |
|------------------------------|
| Name:Email: |
| Name: |
| Name:Email: |
| Name: |



Proceeds from the Gala support continuing professional education, program development and medical

equipment needs at the hospital.

As the only hospital in the Lakeway area, Morristown-Hamblen Healthcare System provides excellent healthcare to residents throughout the hospital's eight-county service area and offers heart, lung and vascular care, comprehensive cancer care, women's services, general surgery, orthopedics, emergency treatment and critical care.

For more information, please contact:

Haley Fugate Morristown-Hamblen Hospital Foundation 1621 West Morris Blvd., Suite D, Morristown, TN 37813

Phone: 423-492-5602 Fax: 423-318-2517

Email: HFugate@covhlth.com

SPONSORSHIP OPPORTUNITIES

MORRISTOWN-HAMBLEN HOSPITAL FOUNDATION'S



FRIDAY, MARCH 8, 2024

Join us for a night filled with great food and drinks, live entertainment, and community fellowship - all for a great cause!

Morristown Landing 4355 Durham Landing Morristown, TN 37814



2024 Gala Sponsorship Levels

PLATINUM: \$4,000

- Two (2) tables of eight seats at the event
- Option to display banner at the event
- Logo on all promotional material, including:
 - o Sponsorship banner at the event
 - o Event website
 - o Social media posting
 - o Newspaper and event program
- Tax-deductible donation

GOLD: \$2,000

- One (1) table of eight seats at the event
- Name recognition on all promotional material, including:
 - o Sponsorship banner at the event
 - o Event website
 - o Social media posting
 - o Newspaper and event program
- · Tax-deductible donation

SILVER: \$1,600

- One (1) table of eight seats at the event
- Tax-deductible donation

BRONZE: \$800

- Four (4) tickets to the event
- Tax-deductible donation

FRIENDS SPONSOR: \$400

- Two (2) tickets to the event
- · Tax-deductible donation

To learn more visit MorristownHamblen.com/Gala

Thank you for your support of the patients and families served by



2024 Gala Sponsorship Form

| ☐ Platinum: \$4,000 | □ Gol | ☐ Gold: \$2,000 | |
|--------------------------|-----------------|-----------------|--|
| ☐ Silver: \$1,600 | ☐ Bronze: \$800 | | |
| ☐ Friends Sponsor: \$400 | | | |
| | | | |
| Company Name | | | |
| Contact Name | | | |
| Mailing Address | | | |
| City | State | Zip | |
| Phone | | | |
| Email | | | |
| Company URL | | | |
| Payment Information | n: | | |
| ☐ Please bill me | | | |
| ☐ Payment enclosed | | | |
| ☐ Charge my cre | edit card | | |
| | | | |
| Name on Card | | | |
| Card Number | 4 | | |
| | | | |

Billing Zip Code

Expiration