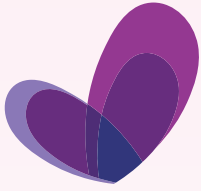


SPONSORSHIP OPPORTUNITIES



COMPASSION IN ACTION AWARDS

HONORING HEROES OF HEALTH AND WELL-BEING

Join us

Oct 29

5:30PM - 8:30PM

WellLink Headquarters

About Compassion in Action

WellLink is proud to announce Compassion in Action, a new, signature recognition program that will celebrate the outstanding contributions of healthcare professionals across Northeast Ohio. The inaugural awards ceremony will be held on October 29, 2026, and will honor individuals who exemplify excellence in care, service, and impact.

The Compassion in Action Awards reflect WellLink's mission to promote health and well-being through collaboration, advocacy, and education. By recognizing healthcare professionals who exemplify these values in action, whether through compassionate care delivery, inclusive leadership, or steadfast community service, we are honoring the very spirit and purpose of WellLink.

Sponsorship Levels	SUPPORTING SPONSOR	AWARD SPONSOR	DINNER SPONSOR	CHAMPION SPONSOR
	\$1,200	\$2,400	\$6,000	\$8,000
Recognition on Registration Page	✓	✓	✓	✓
Event & Table Signage	✓	✓	✓	✓
Ad in Program	Quarter-Page Ad	Half-Page Ad	Full-Page Ad	Full-Page Ad
Social Media Recognition	✓	✓	✓	✓
Live Podium Recognition at Event	✓	✓	✓	✓
Digital Recognition at Event - Presentation Screens	✓	✓	✓	✓
Inclusion On Post Event Congratulations to Winners	✓	✓	✓	✓
Tickets to Event	1 Ticket	2 Tickets	4 Tickets	6 Tickets
Organization Mentioned in Press Release	--	--	--	✓
Opportunity to Provide Brief Remarks	--	--	--	✓
Opportunity to Quote About Partnership in Press Release	--	--	--	✓

Program Advertisement Levels




QUARTER-PAGE AD	HALF-PAGE AD	FULL-PAGE AD
\$250	\$350	\$500



INTERESTED IN BEING AN EVENT SPONSOR?

Contact Corporate Sponsorship Specialist,
Susan Todd at susan.todd@MyWellLink.com






WellLinkHealthAlliance.com
 1226 Huron Road East, Cleveland, OH 44115
 216.696.6900

Contact Information

Company Name: _____ Contact Name: _____
Address: _____ Title: _____
City: _____ State: _____ Zip: _____ Email: _____
Phone Number: _____ Fax Number: _____ Phone Number: _____
Web Address: _____

Sponsorship Levels

A variety of levels are available to organizations seeking to engage with WellLink's work. Please select the level you are committing to. For more information on our sponsorship program, please contact Susan Todd at susan.todd@MyWellLink.com.

- | | |
|--|---|
| <input type="checkbox"/> Supporting Sponsor - \$1,200 | <input type="checkbox"/> Full-Page Ad - \$500 |
| <input type="checkbox"/> Award Sponsor - \$2,400 | <input type="checkbox"/> Half-Page Ad - \$350 |
| <input type="checkbox"/> Dinner Sponsor - \$6,000 | <input type="checkbox"/> Quarter-Page Ad - \$250 |
| <input type="checkbox"/> Champion Sponsor - \$8,000 | |

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Company Name: _____
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City: _____ State: _____ Zip: _____
Phone Number: _____
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Remittance Instructions

Please select the payment method you wish to use. Questions regarding payment may be directed to Susan Todd at susan.todd@MyWellLink.com.

- PayPal (We will send you a link/invoice to pay)
- ACH (Details on how to submit payment by ACH will be provided upon receipt of this sponsorship form)
- Check (Make payable to WellLink, Attn: Accounting Department)

Vendor Signature: _____ Date: _____
Print Name: _____ Title: _____