

## ROUNDTABLE

Join Us

**THURSDAY, AUGUST 7 | 5:30 - 7:30 P.M.**

WellLink Headquarters, Downtown Cleveland, OH

# Improving the Health Status of Your Community

Join us for an engaging panel centered around “Improving the Health Status of Your Community.” Nonprofit healthcare organizations exist to serve the communities they operate in. While promoting community health has always been a core part of their mission, recent regulations now require them to take an active role. The overall health of a community or region has a critical impact on a healthcare organization’s planning, operations, financial sustainability, outcomes and success. This conversation will explore current policy and what organizations can do to take a proactive approach in tackling the health of our community here in Cleveland and beyond.

## Our Moderator .....

**Dominic Hopson, CEO**  
Neighborhood Family Practice

## Our Panel .....

**Bill Finn, CEO, Hospice of the Western Reserve**

**Christine Alexander Rager, MD, The MetroHealth System**

**Daniel Lettenberger-Klein, CEO, Stella Maris**

## Sponsor Levels

	SILVER	GOLD	PLATINUM
	\$500	\$750	\$1,000
Ad in Program	Quarter-Page	Half-Page	Full Page
Recognition as a Sponsor at Event - Verbal and Digital & Printed Signage	✓	✓	✓
Sponsor recognition on registration page	✓	✓	✓
Listing in ACHE Chapter Event Flyer	✓	✓	✓
Sponsor Recognition on Social Media - Pre and Post Event	✓	✓	✓
Reserved Priority Seats	2 seats	3 seats	4 seats
Marketing Table at Event		✓	✓
Brand exposure - Logo on ACHE Chapter Website for 3 months			✓
Opening Remarks or Speaker Introduction			✓



## LET'S GET STARTED!

Contact us to learn more about our sponsorship program and benefit packages.

Susan Todd | Corporate Partnership Specialist | [susan.todd@MyWellLink.com](mailto:susan.todd@MyWellLink.com)

**Contact Information**

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Web Address: \_\_\_\_\_

**Sponsorship Levels**

Multiple levels are available to organizations seeking to engage with WellLink Health Alliance events. Please indicate your sponsorship level below no later than **July 25, 2025**.

For more information on our event sponsorship opportunities, please contact Susan Todd at [susan.todd@MyWellLink.com](mailto:susan.todd@MyWellLink.com).

☐ **Silver** - \$500      ☐ **Gold** - \$750

☐ **Platinum** - \$1,000

Artwork for program book ad placement is due no later than **August 1, 2025**.

**Payment Information**

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**Remittance Instructions**

**Please select the payment method you wish to use.**

Questions regarding payment may be directed to Corporate Partnership Specialist, Susan Todd at [susan.todd@MyWellLink.com](mailto: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: \_\_\_\_\_

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