Kentucky Chamber

# 3rd Annual KENTUCKY HEALTHCARE INNOVATION SUMMIT

PRESENTED BY Consoliplex Health Plan Management

**March 3, 2027**

Louisville Marriott East

## **SPONSORSHIP** Opportunities

Kentucky Chamber

# 3rd Annual KENTUCKY HEALTHCARE INNOVATION SUMMIT

## What is the Kentucky Healthcare Innovation Summit

The future of healthcare is being driven by advancements in technology, personalized medicine, and a shift towards value-based care. Telemedicine, remote monitoring, and wearable devises are allowing for more convenient and efficient healthcare delivery. Personalized medicine, which involves tailoring treatment to an individual's genetic makeup, is also expected to become more common. And the current emphasis on preventative care and addressing social determinants of health to improve overall outcomes, will grow exponentially.

Overall, the future of healthcare is expected to be more patient-centered, data-driven, and focused on improving the quality of care while reducing costs. During this Summit, you'll hear from many healthcare product and service providers on how the role of their respective segments of the healthcare industry will evolve in the coming years to create better outcomes for their patients (clients) in more affordable ways.

## Who Attends?

- Healthcare professionals
- Anyone in the pharmaceutical industry
- Healthcare providers
- Physician services
- Health Insurance providers
- Anyone who consumes, produces, purchases or uses any aspect of the healthcare system
- Employers with a vested interest in the current state of healthcare and future workplace trends

## Why Should You Participate?

With an expected attendance of 200, your company will have the opportunity to connect with your target audience during various dedicated times for sponsors — breakfast and breaks are held with you in the exhibit booth area. Join us for lunch and continue the connections and conversations.

Sponsors enjoy prime exhibit booth placement with ample time for interaction with attendees. They are key to the overall success of the summit. We welcome your organization's participation and look forward to displaying your logo on the promotional materials and providing your company with added recognition and visibility.

## Learn More About Sponsorship Opportunities

Andrea Flanders
Director of Sponsor Relations, Kentucky Chamber of Commerce
502-848-8786 | aflanders@kychamber.com

Update online registration link

Kentucky Chamber

# 3rd Annual KENTUCKY HEALTHCARE INNOVATION SUMMIT

## PRESENTING SPONSOR | $25,000 SOLD Consoliplex

SOLD

*Exclusive Opportunity*

### BENEFITS

Exclusive recognition as the presenting sponsor

Abundant pre-event marketing and on-site publicity

Company logo (only one logo per sponsorship permitted) exposure via web, marketing and event materials, signage, and ballroom screens

Full back page ad in event program (subject to approval)

Company logo and listing in event program

Opportunity to welcome attendees and introduce opening session (3 min. max)

Podium recognition during event

Opportunity to provide a giveaway at opening session (subject to approval)

Premium exhibit space (8' x 10' - includes one 8'-skirted table and two chairs)

Complete list of attendees made available before and after event (includes email)

25 complimentary registrations to the event ($7,500 value)

First right of refusal for 2028 presenting sponsorship

## PLATINUM SPONSOR | $15,000

*Three Opportunities*

### BENEFITS

Abundant pre-event marketing and on-site publicity

Company logo (only one logo per sponsorship permitted) exposure via web, marketing and event materials, signage, and ballroom screens

Full page ad in event program (subject to approval)

Company logo and listing in event program

Podium recognition during event

Exhibit space in preferred location (8' x 10' - includes one 8'-skirted table and two chairs)

Complete list of attendees available after event (includes email)

10 complimentary registrations to the event ($3,000 value)

First right of refusal for 2028 platinum sponsorship

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## GOLD SPONSOR | $10,000

*Four Opportunities*

### BENEFITS

Abundant pre-event marketing and on-site publicity

Company logo (only one logo per sponsorship permitted) exposure via web, marketing and event materials, signage, and ballroom screens

Half-page ad in event program (subject to approval)

Company logo and listing in event program

Podium recognition during event

Exhibit space (8' x 10' - includes one 8'-skirted table and two chairs)

Complete list of attendees available after event (includes email)

8 complimentary registrations to the event ($2,400 value)

First right of refusal for 2028 gold sponsorship

## SILVER SPONSOR | $5,000

*Ten Opportunities*

### BENEFITS

Abundant pre-event marketing and on-site publicity

Company logo (only one logo per sponsorship permitted) exposure via web, marketing and event materials, signage, and ballroom screens

Quarter-page ad in event program (subject to approval)

Company logo and listing in event program

Exhibit space (8' x 10' - includes one 8'-skirted table and two chairs)

Complete list of attendees available after event (includes email)

6 complimentary registrations to the event ($1,800 value)

First right of refusal for 2028 silver sponsorship

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# Kentucky Healthcare Innovation Summit — Investment Commitment

## Please select one of the following investment opportunities

- ❑ **Presenting Sponsorship** exclusive
  $25,000
- ❑ **Platinum Sponsorship** 3 opportunities
  $15,000
- ❑ **Gold Sponsorship** 4 opportunities
  $10,000
- ❑ **Silver Sponsorship** 10 opportunities
  $5,000

## Registration Options

Update online registration link

**PHONE**
Andrea Flanders
502-848-8786

**E-MAIL**
aflanders@kychamber.com

**MAIL**
Kentucky Chamber
464 Chenault Road
Frankfort, KY 40601

## Registration Information Please print

☐Mr. ☐Ms.

Prefix Name Title

Company/Organization

Street address

City State Zip

Phone Fax E-mail address

## Method of Payment

❑ Check # _____ enclosed. Payable to: Kentucky Chamber of Commerce

❑ Please bill my company. PO # _____ (not required)

❑ Please charge to my ❍ Visa ❍ Mastercard ❍ Am Express

Cardholder's name Cardholder's signature (required)

Card number Expiration date 3- or 4-Digit security code

*I understand that by providing the phone, fax number and e-mail information above on behalf of the person/company/organization specified above, I am authorized to and hereby consent for the person/company/organization to receive communication by or on behalf of the Kentucky Chamber of Commerce.

The Kentucky Chamber of Commerce reserves the right to, at their sole discretion, refuse any advertising. Due to the fact that sponsorships are limited, upon acceptance of your registration no refunds will be granted.

Kentucky Chamber JOIN US

To join the Kentucky Chamber contact our membership sales team at 502-695-4700 or membership@kychamber.com.