

HealthCare Friends

A Networking Group of Health Care Professionals

Hosting Agreement

HCF Monthly Meeting

Event Date: _____

Host Organization: _____

Contact Person: _____ Phone #: _____

Host Agrees to Provide the Following:

- HOST MUST BE A CURRENT MEMBER OF HCF
- Set up of room to be ready by 8:00 am
- Room availability for meeting until approximately 10:30 am
- Continental breakfast or more
- Adequate seating to accommodate 65—80 attendees
- Adequate parking, with signage for 65--80 attendees
- Provide guest speaker for the meeting (*approximately 30 minutes*)
- Presentation by Host representative
- Registration table at front door
- Additional table for attendees brochures and literature
- Sound system with microphone
- Provide a Door Prize
- Optional---Tour and information on host facility

HealthCare Friends to Provide the Following:

- Promotional materials for the event:
 - E-mails sent to over 1,000 healthcare professionals with RSVP's to Host for tracking
 - Meeting details are posted on HCF website
- HCF representative to manage the registration desk
- HCF to provide a program agenda

Host Representative: _____ Date: _____

Please Mail Form to: HealthCare Friends ☒ 323 East 2nd St. Suite #111 ☒ Covington, Ky. 41011