



SPONSORSHIP REGISTRATION



Please fill out information in this packet.

***Registration Deadline: September 15, 2025**

Contact: summit@palmettocareconnections.org. You may register online at www.palmettocareconnections.org or complete the form enclosed in this packet if you are paying with check. Please make all checks payable to Palmetto Care Connections.

Checks can be mailed to:

Palmetto Care Connections | 1880 Main Hwy | Bamberg, SC 29003

Point of Contact Information

Organization:

Name:

Mailing Address:

City:

State:

Zip Code:

Email Address:

Phone Number:

Fax Number:

Method of Payment: [Check One]

Check ☐ Online ☐

If check, mail to: Palmetto Care Connections, 1880 Main Hwy., Bamberg, SC 29003

Billing Address

For Invoice:

City:

State:

Zip Code:

Section 1

PLEASE CHECK YOUR SPONSORSHIP LEVEL BELOW

Please contact PCC to check on the availability of special sponsor opportunities

☐ **Diamond \$10,000**

☐ **Platinum \$5000**

☐ **Gold \$3500**

☐ **Silver \$2500**

☐ **Bronze \$1750**

☐ **Networking Reception Sponsor \$5000
[3 Available]**

☐ **Break Sponsor \$2500
[2 Available]**

☐ **Awards Ceremony Sponsor \$4000
[1 Available]**



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Section 2

EXHIBITOR TABLE

Please check your selections.

1. Will your organization need an exhibit table? Yes ☐ or No ☐
2. Will your organization need internet? Yes ☐ or No ☐
3. Will your organization need electricity? Yes ☐ or No ☐

Section 3

DOOR PRIZES

Please check your selections.

1. Would your organization like to donate a door prize? Yes ☐ or No ☐

Section 4

DIAMOND AND PLATINUM SPONSORS ONLY

Please check your selections.

1. Are you planning to bring SWAG for the Summit tote bag? Yes ☐ or No ☐

Section 5

MOBILE APP AND EXHIBITOR PAGE

Please list the contact at your organization who will manage the mobile app and exhibitor page

Name: _____

Email Address: _____

Section 6

EVENT ATTENDEES

Please check your selections.

First Name: _____

Last Name: _____

Job Title: _____

Email Address: _____

1. Are you planning to book a room at the Francis Marion Hotel? Yes ☐ or No ☐
2. Are you planning to attending Sessions? Yes ☐ or No ☐
If yes, please select the track you plan to follow.
☐ Business and Leadership ☐ Technology and Innovation ☐ Clinical ☐ General

3. Do you have any food allergies?

If yes, please list all allergies: _____

4. Are you planning to attend the Meet & Greet October 28, 2025 at 5:00pm? Yes ☐ or No ☐
5. Are you planning to attend the Networking Reception October 29, 2025 6:00pm-8:00pm? Yes ☐ or No ☐



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EVENT ATTENDEES CON'T

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