



## eHealth Consortium Annual Dinner Sponsor Form

### Company Details

Company Name: \_\_\_\_\_ Business Nature: \_\_\_\_\_

#### Contact Person (Primary)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Contact No.: \_\_\_\_\_

#### Contact Person (Secondary)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Contact No.: \_\_\_\_\_

### Sponsorship Packages

*Please tick in the appropriate box.*

**Platinum Sponsor (HK\$38,000)**

- Logo Display in eDM and Dinner Venue
- Speaking time slot (5 minutes) will be arranged in Dinner
- Printed Matter or Premiums Distribution to Guests
- One Seat at Head Table with Key VIPs
- One Complimentary Dinner Table of 12 Seats
- Receive Appreciation Trophy or Certificate on Stage
- Corporate Membership Free Extension for One Year
- Advertisement in Newsletter (Half Page)

**Gold Sponsor (HK\$28,000)**

- Logo Display in eDM and Dinner Venue
- Printed Matter or Premiums Distribution to Guests
- One Seat at Head Table
- One Complimentary Dinner Table of 12 Seats
- Receive Appreciation Trophy or Certificate on Stage
- Advertisement in Newsletter (Half Page)

**Table Sponsor (HK\$9,600)**

- One Dinner Table of 12 Seats (No. of Tables Needed: \_\_\_\_\_)

電子健康聯盟秘書處 eHealth Consortium Limited

地址 Address : 香港九龍荔枝角青山道 489-491 號香港工業中心 B 座 12 樓 1207C 室

Room 1207C, 12/F, Block B, Hong Kong Industrial Centre, 489-491 Castle Peak Road, Lai Chi Kok, Kowloon, Hong Kong

電話 Tel : +852 3488 3762 傳真 Fax : +852 3743 4422 電郵 Email: info@ehealth.org.hk 網址 Website : www.ehealth.org.hk

## Payment Methods

- Direct Transfer to the eHealth Consortium Limited Bank Account:  
- **Beneficiary Bank:** Bank of Communications Co., Ltd. Hong Kong Branch  
- **Swift Code:** COMMHKHH  
- **Beneficiary:** eHealth Consortium Limited  
- **A/C No.:** 382-559-0-202098-9

*Please mail the original bank pay-in-slip together with this form to the eHealth Consortium Limited.*

- Crossed Cheque (Cheque No: \_\_\_\_\_)  
*Please make your cheque payable to the "eHealth Consortium Limited" and mail together with this form for an official receipt.*

### Remarks:

1. Please send the form to the Secretariat of eHealth Consortium via Email ([info@ehealth.org.hk](mailto:info@ehealth.org.hk)) on or before 9<sup>th</sup> February 2018. No cancellation will be accepted after submission of form. Seats are limited. First Come First Served.
2. Payment should also be settled to eHealth Consortium on or before 9<sup>th</sup> February 2018.
3. For Platinum / Gold Sponsor, please submit the Company / Organization Logo to eHealth Consortium in AI or JPG format in 300 dpi by 9<sup>th</sup> February 2018.
4. For enquiry, please contact the Secretariat of eHealth Consortium (Phone: 3488 3762 / Email: [info@ehealth.org.hk](mailto:info@ehealth.org.hk))

**Authorized Signature with Company Chop**

**Date**

電子健康聯盟秘書處 eHealth Consortium Limited