

ICE Website Marketing and Advertising Sponsorship Options



Online Advertising / Broadcast E-Mail Messaging

Company Logo with Link to Website Displayed on ICE Website

- **One (1) Month Sponsorship** **\$3,000**
 - Includes one (1) broadcast e-mail message* to ICE membership
- **Six (6) Month Sponsorship** **\$5,000**
 - Includes three (3) broadcast e-mail messages* to ICE membership
- **One (1) Year Sponsorship** **\$10,000**
 - Includes eight (8) broadcast e-mail messages* to ICE membership

Includes:

Company logo displayed on various pages of the ICE website and also on the Sponsor tab of the ICE website. Website visitors will be taken directly to that company's website when clicking on company logo.

All currently active sponsors will also be included in a sponsor section of ICE broadcast e-mail messages (an average of 20-30 messages are sent each month). The sponsor logos will be displayed and will include a link to the sponsor's website.

Each sponsoring company will get a specified number of individual broadcast e-mail messages (as noted in package options above) specifically highlighting their products, services or events to over 7,000 ICE members (which includes health plans, provider organizations and industry associations).*

ICE Website Traffic Statistics for 2016 (Monthly Averages)

	Page Views	Site Visits	Hts
2016 Monthly Average	329,119	33,802	598,525

Broadcast E-Mail Message to ICE Membership

- One time broadcast e-mail message* to ICE membership **\$1,000**

**Message content will be subject to the approval of ICE, and ICE members will have the choice to opt out of receiving these messages.*

Please contact the ICE Administrative Operations Coordinator at admin@iceforhealth.org if you are interested in any of these sponsorship options.

Health Industry Collaboration Effort · P.O. Box 6270, Newport Beach, CA 92658
Phone · 775-762-0765 · Fax · 714-763-4340
Website · www.iceforhealth.org · E-Mail · admin@iceforhealth.org

ICE Website Marketing & Advertising Sponsorship Options Form



COMPANY INFORMATION (Please Print Clearly)

Organization Name: _____

Website Address: _____

PRIMARY CONTACT INFORMATION (Please Print Clearly)

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail Address: _____

SPONSOR LEVELS OR ONE-TIME BROADCAST E-MAIL MESSAGE (choose one)

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- One (1) Month Sponsorship (includes one (1) broadcast e-mail message to ICE membership) **\$3,000**
- Six (6) Month Sponsorship (includes three (3) broadcast e-mail messages to ICE membership) **\$5,000**
- One (1) Year Sponsorship (includes eight (8) broadcast e-mail messages to ICE membership) **\$10,000**

Desired Activation Date (cannot be sooner than when check & contract will be received by ICE) _____

Please note: It is the responsibility of the sponsoring organization to ensure that the number of broadcasts included with chosen option are utilized within the specified timeframe.

- One-time broadcast e-mail message to ICE membership **\$1,000**

LOGO SPECIFICATIONS

Logos can be accepted in the following formats: .jpg, .gif, .png and .bmp

For best results, the image file should be at least 402 pixels wide or 138 pixels high. Larger dimensions will be automatically reduced upon upload. Smaller dimension images will be displayed as received.

Submit logo to the ICE Web Administrator by e-mail at admin@iceforhealth.org

PAYMENT INFORMATION

Payment can be processed by check only (**make payable to Health Industry Collaboration Effort or HICE, Tax ID # 90-0130332**). Once the signed contract and payment is received and processed, your company logo and link to website will appear on the ICE website according to the activation date indicated above.

PLEASE READ AND SIGN BELOW

The undersigned hereby contracts with Health Industry Collaboration Effort, Inc., either as an ICE website sponsor for the sponsor level designated above or to send a one-time broadcast e-mail message. This contract is subject to the terms & conditions outlined herein and in the attached ICE Marketing & Advertising Sponsorship Options form.

Authorized Signature _____ Title _____

Name (Print) _____ Date _____

Please sign and return with payment to:
Health Industry Collaboration Effort, Inc. (ICE)
Patty Hermanns, ICE Administrative Operations Coordinator
20 Eagle Claw Court, Reno, NV 89523
Phone: 775-762-0765 / Fax: 714-763-4340