



Supporter / Vendor Application

-North Carolina Community Health Workers Summit-
"CHWs, The Trusted Messengers Among Communities & Health"

Friday December 2, 2022

Dear Supporter,

We are excited about the upcoming opportunity to convene CHWs, CHW supervisors, CHW employers, and CHW allies as a statewide community. We anticipate that the impact of connecting local and regional networks to each other during the 2022 NC CHW Summit will accelerate the spread of the workforce and models.

We are seeking support for the program to ensure every CHW who wants to attend can do so free of charge and support in person regional hub gatherings during the summit. The overall goals of the 2022 Summit are to raise awareness about CHWs and CHW models of care; lift and celebrate CHWs; support ongoing training and professional development of CHWs; and provide an opportunity for networking among CHWs, CHW supervisor, CHW employers and allies. We are seeking a wide range of sponsorships as part of achieving these goals and building and strengthening a statewide network. Any unspent funds following the Summit will go towards next year's Summit budget.

Tiers

Please Check which Tier that applies.

\$250 up to \$499: Name recognition, logo recognition

\$500 up to \$999: 2 free registrations, name recognition, logo recognition

\$1,000 up to \$2499: Name recognition, logo recognition, 2 free registrations, digital presence

\$2500 up to \$5000: Higher digital presence, 5 free registrations, name recognition, logo recognition



Company Name: _____

Primary Contact: _____

Email: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____ **Fax:** _____

Participant 1: _____

Email: _____ **Role:** _____

Participant 2: _____

Email: _____ **Role:** _____

Support Amount: _____

Payment Deadline

This reservation form and your reservation fee must be received by October 24, 2022, in order to reserve your free spots, unless approved by Southern Regional AHEC.

Thank You for Your Support!

Please complete this registration form, including your payment method, and return by mail, fax, or email to:
Southern Regional Ashley Diehm, Registrar
1601 Owen Dr. Fayetteville, NC 28304
Phone: (910) 678-7226
Email: Ashley.diehm@sr-ahec.org

Signature: _____

Paying by Credit Card

Visa

MasterCard

Discover Card

American Express

Account: _____

Exp: _____ Security Code: _____
3-digit code on back (front of AMEX)

Name on Card: _____

Signature: _____

Paying by Check

Check made payable to SRAHEC
Please mail your check to: Southern Regional AHEC
1601 Owen Dr. Fayetteville, NC 28304