

BOARD OF HEALTHCARE FUNDERS

Lower Ground Floor, South Tower
1Sixty Jan Smuts, Rosebank, 2196
T +27 11 537-0200
F +27 11 880-8798



27 October 2021 | 09:00 - 12:00

Fraud, corruption and ethical conduct in healthcare – addressing the moral decay

REGIS

Dear Sponsor,

We are excited to invite you to our three-part dialogue series of virtual roundtable discussions, which seek to connect healthcare professionals and enable engagement and collaboration on issues impacting the healthcare ecosystem.

SERIES 2

Date: **27 October 2021**

Time: **9am-12pm**

Delegate Profile

- Administrators
- Medical schemes
- Managed care organisations
- Pharmaceuticals
- Government departments

Designations ranging from: Directors, Principal Officers, Trustees, CEO's, CFO's, Actuaries, Marketing Directors and Medical Advisors attend the annual event.

Theme

Fraud, Corruption and Ethical conduct in healthcare – addressing the moral decay

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The Programme

Our collaborative and comprehensive content programme will address a broad range of issues and challenges facing the industry in 2021, equipping delegates to make informed strategic and operational decisions over the coming year.

Sponsorship Packages

The BHF Dialogue 2021 Series will offer your organisation an opportunity to be directly involved by means of sponsorship.

Below is a list of packages that have been tailored to appeal to a wide variety of marketing objectives.

	ITEM	VALUE*	DESCRIPTION	BENEFITS	SELECT
1	Session 2 27 October 2021	R25 000 Incl. vat	Branding rights of the online session	<ul style="list-style-type: none">• Logo displayed on screens during the Sessions• Company logo on the programme• Company logo on the event website• BHF Magazine blurb listing• 30 Seconds exhibition clip in the session (1 run)• Placement of logo on the e- BHF Sponsorship banner• Acknowledgement of sponsorship on social media platforms• Branding exposure at the 7th Titanium Awards	<input type="checkbox"/>

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SPONSORSHIP BOOKING FORM | 2021 BHF DIALOGUE SERIES

Company Name: _____

VAT. Number: _____

EVENTS CO-ORDINATOR

Main Contact: _____

Mobile: _____

Designation: _____

Email: _____

PAYMENT DETAILS:

Payments should be made to:

The Board of Healthcare Funders

- Bank: Nedbank
- Branch: The Mall Rosebank
- Branch Code: 197705
- Account Number: 1958449059

BHF CONTACT DETAILS:

Mary Manamela
Section Head: Key Accounts
011 537 0270 / 065 814 7891
marym@bhfglobal.com

PAYMENT TERMS: Full payment will be liable 30 days after receiving the invoice

CANCELLATION POLICY:

- Notification of cancellation of a sponsorship package must be made in writing and received on or before **20 October 2021**; please note that an administration fee of R10 000 will be payable.
- 70% of the sponsorship fee will be payable, if cancellation is received after **25th October 2021**.
- They will be no refund for all cancellations received after **27 October 2021**.

AUTHORISATION: By signing below, I acknowledge that I am duly authorised to sign and thereby to commit the company shown above to the cost of exhibition opportunity outlined above and accept all printed terms and conditions.

NAME & SURNAME: _____

DESIGNATION: _____

INVOICING ADDRESS: _____

SIGNATURE: _____