

## 2021 CORPORATE PARTNER AGREEMENT

### COMPANY INFORMATION

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Company Telephone \_\_\_\_\_ Website \_\_\_\_\_

Company Type  Pharmaceuticals  Life Sciences  Medical Delivery  Managed Care  
 Medical Device/Diagnostics  Biotechnology  Consulting  College/University  
 Services \_\_\_\_\_  Other \_\_\_\_\_

### PRIMARY CONTACT INFORMATION\*

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

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Direct Phone \_\_\_\_\_ Direct Fax \_\_\_\_\_

Email Address \_\_\_\_\_

### BILLING CONTACT INFORMATION\*\* (if different from primary contact)

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

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Direct Phone \_\_\_\_\_ Direct Fax \_\_\_\_\_

Email Address \_\_\_\_\_

\*The primary contact is the Point of Contact for all HBA matters and ensures that time-sensitive communications go to the correct person(s) within your organization.

\*\*The billing contact is the person authorized to sign and make payments on the corporate partner's account.

# PACKAGES

Please email this completed form to [CorporatePartners@HBA.net](mailto:CorporatePartners@HBA.net)

CORPORATE PARTNERSHIP BENEFITS	PURPLE \$50,000	GOLD \$25,000	SILVER \$15,000	TEAL \$7,500	RED \$3,500
<b>Designee/Membership/Partnership</b>					
Designees ***	115	40	20	10	5
Discount for Individual Memberships	50%	25%	15%		
Midyear and Annual Review	●	●	●	●	●
Assigned Account Manager	●	●	●	●	●
<b>Branding/Exposure</b>					
Company logo with hyperlink to company on HBA Website	●	●	●	●	●
“HBA Welcome” in social media for new partner	●	●	●	●	●
Advertising on HBA Website	1 Month				
<b>Networking</b>					
HBA directory listing and access	●	●	●	●	●
Participation in HBA online discussion	●	●	●	●	●
Automated alignment with local chapter	●	●	●	●	●
Personal introduction to local chapter volunteer engagement committee to pursue interests and opportunities	●	●	●	●	●
Connection/link to relevant affinity groups	●	●	●	●	●
<b>Professional Development</b>					
Access to key opinion leaders	●	●	●	●	●
Access to subject matter experts	●	●	●	●	●
Opportunity for association leadership positions at the local, regional and global level	●	●	●	●	●
HBA mentoring webinar recording for each designee	●	●	●	●	●
Access to Pre-Recorded webinars ***	5	5	4	3	2
Passes per Career Conversation webinar (four (4) webinars per year) ***	50	30	15	5	1
<b>Awards</b>					
Opportunity for branded volunteer awards for members/designees taking on association leadership roles	●	●	●	●	●
Rising Stars and/or Luminary award winner(s) ***	2	2	1	1	
ACE Award Submission Discount ***	50%	50%	50%	100%	100%
<b>Internal Women’s Network</b>					
IWN Best Practices (Pre-recorded webinar) ***	●	●	●	●	●
Ambassador program location with HBA support ***	3	2	1		
<b>Events</b>					
Ability to pre-purchase tables/seats at the Woman of the Year (WOTY) event ***	8 Tables	5 Tables	1 Table	1 Table	
3BC Summit Registration(s) ***	4	2	1		
Annual Conference Registration(s) ***	7	5	3	2	1

For more information, email [CorporatePartners@HBA.net](mailto:CorporatePartners@HBA.net) or call 973.575.0606 press 2

\*\*\* Indicates items that have the ability for customization within the partnership packages

HBA corporate partnership benefits to be received by \_\_\_\_\_ for the \_\_\_\_\_ partnership.  
Company Name Partnership Level

Initial of agreement of listed benefits: \_\_\_\_\_

### SUMMARY OF 2021 SELECTIONS

Review the agreed upon items of the corporate partnership and initial for acceptance of these items \_\_\_\_\_ Total due \$ \_\_\_\_\_

Partnership term is for one year and begins \_\_\_\_\_ and ends \_\_\_\_\_.

**Signature** \_\_\_\_\_

By signing this application, you certify that you have the authority to do so on behalf of your company.

### TERMS AND CONDITIONS

**1.APPLICATION AND ELIGIBILITY.** Partnerships must be made per the form provided, contain the information requested, and be executed by an individual who has authority to act for the applicant (partner). The Association reserves the right to reject any application.

**2.PARTNER REPOSNSIBILITIES.** Partner shall be responsible for the following: **a.** Current company description for welcomes, **b.** Current logo to be displayed on HBA corporate partner website.

**3.PAYMENT TERMS.** Upon executed partnership agreement, payment is due in full. Partners whose company policy is to pay 60 or 90 days must provide written notice of terms. Invoices that remain unpaid beyond 30 days may be subject to suspension of benefits.

**4.PUBLICITY.** HBA shall publicize and promote the partnership and shall be permitted to use Partner's name and logo in connection with such publicity and promotion. Signature of this agreement confirms that HBA has permission to share Partner logo on the HBA website, and the Corporate Partner listing page. This logo will link to Partner's Home Web Page as provided within this agreement.

**5.PARTNER PUBLICITY.** Partner may publicize that it is a partner of HBA. However, Partner acknowledges that HBA is the lawful owner of the name Healthcare Businesswomen's Association, and the acronym "HBA," and any associated logos. Partner agrees to take no action inconsistent with HBA's ownership, or that would subject HBA to claims by third parties or potential loss of its ownership. Any uses of HBA's logo or event logo by the Partner must be approved, in advance, by HBA and follow HBA's branding guidelines.

**6.TERMINATION.** If Partner breaches any of its obligations hereunder, HBA shall have the right to terminate this agreement and to retain any money already paid as liquidated damages (and not as a penalty), in addition to any other rights it may have at law or at equity.

**7.INDEMNIFICATION.** Partner agrees to indemnify and hold HBA harmless against any losses, claims, expenses or damages from its own negligent or willful acts or omissions of its employees, officers, directors, agents, contractors, or others acting on its behalf or with its authority.

**8.TERMS.** The term of this Partnership Agreement shall commence as listed on page four (3) and shall terminate in twelve months, unless sooner terminated pursuant to paragraph 6.

**9.LIABILITY.** HBA shall have no liability with respect to its obligations under this Agreement for consequential, exemplary, special, indirect, incidental or punitive damages, even if it has been advised of the possibility of such damages. The liability of HBA for any reason and upon any cause of action or claim shall be limited to the fees paid by Partner to Healthcare Businesswomen's Association under this Agreement. This limitation applies to all causes of action or claims in the aggregate, but does not apply to death, bodily injury or damage to personal property caused by Healthcare Businesswomen's Association negligence.

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