

ICE Web Site Marketing and Advertising Sponsorship Options



Online Advertising / Broadcast E-Mail Messaging

Company Logo with Link to Web Site Displayed on ICE Web Site

- **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 web site and also on the Sponsor tab of the ICE web site. Web site visitors will be taken directly to that company's web site 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 web site.

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 5,000 ICE members (which includes health plans, provider organizations and industry associations).

ICE Web Site Traffic Statistics for 2008/2009

Monthly Average	Page Views	Site Visits	Hits
2008	90,197	31,581	486,451
2009	102,124	42,945	607,698

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 Web Administrator 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 · 775-345-7564
Web Site · www.iceforhealth.org · E-Mail · admin@iceforhealth.org

ICE Web Site Marketing & Advertising Sponsorship Options Form



COMPANY INFORMATION (Please Print Clearly)

Organization Name: _____

Web Site 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 via 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, your company logo and link to web site will appear on the ICE web site 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 web site 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 Web Administrator
20 Eagle Claw Court, Reno, NV 89523
Phone: 775-762-0765 / Fax: 775-345-7564