**OSF HealthCare Event Sponsorship Information**

Please provide the following information for each individual event you would like OSF to consider for sponsorship. When finished, save into one document and upload using [our online request form.](https://www.osfhealthcare.org/osf/forms/sponsorship/)

*Note: use copy and paste to duplicate the fields in this document for each event beyond three.*

**Event Name:**

**Event Date:**

**What levels of sponsorship are available for this event?**

**What will we receive for our level of sponsorship?**

**What is the estimated total audience of this event?**

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