



HEALTHCARE EMERGENCY
RESPONSE COALITION
of Palm Beach County

Participants

- American Medical Response
- Bethesda E & W Baptist Health SFL
- Boca Raton Regional Hospital Baptist Health SFL
- Delray Medical Center, Palm Beach Health Network
- Florida Health in PBC
- Good Samaritan Medical Center Palm Beach Health Network
- Health Care District of PBC
- HCA Florida JFK Hospital
- HCA Florida JFK North Hospital
- HCA Florida Palms West Hospital
- Jupiter Medical Center
- Lakeside Medical Center
- Luxe Healthcare
- MorseLife
- PBC Division of Emergency Management
- PBC Fire Rescue
- PBC Medical Society Services
- PB Sheriff Office
- Palm Beach Gardens Medical Center Palm Beach Health Network
- Select Specialty Hospital
- St. Mary's Medical Center Palm Beach Health Network
- VA Medical Center
- Wellington Regional Medical Center
- West Boca Medical Center Palm Beach Health Network

Vendor Sponsorship Form

For Monthly Meeting

(updated: 07/2024)

HERC MISSION: To develop and promote the healthcare emergency preparedness, response and recovery capabilities of Palm Beach County, Florida. The monthly meeting of the HERC membership offers vendors a unique opportunity to present their products or services to over 35 healthcare and emergency management related organizations. HERC representatives include: 15 Palm Beach County hospitals, as well as numerous county, state and regional emergency management agencies, health departments and other key disaster related agencies.

For additional information on HERC go to: <http://pbcherc.org/>

\$500 vendor sponsorship includes:

- Attendance at monthly HERC meeting;
- Ten to twelve (10-12) minute presentation on your product or service at monthly meeting;
- Table to display products and services; (in person meeting)
- Listing in monthly meeting notices to members;
- Networking opportunity pre and post meeting (in person meeting)

I would like to be a sponsor for a monthly meeting of the HERC.
Preferred month to sponsor _____ year 2024.

Company Name _____

Contact Person _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____

E-Mail _____

Required authorized signature: _____

PAYMENT METHOD:

Check enclosed (made payable to PBC Medical Society Services).

Please call John James at 772-284-2069 to pay by **credit card**.

Please email completed form to johnj@pbcms.org

Questions? Call John James via cell at 772-284-2069

Funded by

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