

# Hattiesburg Clinic Sponsorship Evaluation Form

All sponsored community groups and organizations are required to complete and return this evaluation document so that the success of the partnership can be evaluated.

## Contact information

Organization: \_\_\_\_\_

Event/project title: \_\_\_\_\_

Your name: \_\_\_\_\_

Position: \_\_\_\_\_

Email or postal address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Hattiesburg Clinic is committed to supporting initiatives that support health, education and community development. Please indicate what initiative this event/project supported and outline the ways in which the participation of Hattiesburg Clinic in your event/project provided opportunities to build our business so that we can further support the community.

- Health
- Education
- Economic/Civic Engagement

What was the purpose and goal of this event/project?

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How were the funds used? Be specific and list all purposes.

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What was the attendance for this event/project? \_\_\_\_\_

Please provide a comparison of the past (5) years if applicable. (or if less than 5 please provide from beginning and chart)

Who was your target audience? Why this demographic? \_\_\_\_\_

Is Hattiesburg Clinic mentioned permanently on your website as a sponsor? Please include a copy of the website.

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Promotions undertaken by your group throughout this sponsorship (please circle response)

• Logo on website	Yes	No	N/A
• Facebook	Yes	No	N/A
• Instagram	Yes	No	N/A
• Twitter	Yes	No	N/A
• YouTube	Yes	No	N/A
• Logo on invitations, flyers or brochures			
• Acknowledgement of sponsorship in membership correspondence/newsletters	Yes	No	N/A
• Acknowledgement in any media releases	Yes	No	N/A
• Use of media	Yes	No	N/A
• Television	Yes	No	N/A
• Radio	Yes	No	N/A
• Billboard	Yes	No	N/A
• Permanent signage	Yes	No	N/A
• Display of clinic's collateral	Yes	No	N/A
• Invitation to a representative to attend event	Yes	No	N/A
• Other			

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Please provide analytics for social media/print (please list) and media if available.

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What measurement tools were used to gather this information?

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Detail any other ways in which your organization advocated for Hattiesburg Clinic as part of this partnership?

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If your group invited a representative to attend your project/event so that they could speak to your members or the participants/attendees, please detail this and, if not, please explain why.

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What were the successes of your event/project? \_\_\_\_\_

What was the direct impact of this event/project to the community?

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Detail any problems encountered during your event/project. \_\_\_\_\_

Was your event/project beneficial for the community and, if so, in what ways? \_\_\_\_\_

Additional details and/or feedback:

MAIL TO: Hattiesburg Clinic, Marketing & Communications | 415 S. 28th Avenue, Hattiesburg, MS 39401 FAX TO: (601) 261-3601 OR EMAIL TO: [publicrelations@hattiesburgclinic.com](mailto:publicrelations@hattiesburgclinic.com) to Public Relations Manager within one month of the completion of your event/project