



Partnership Agreement

Yes, I agree to become an **I Matter™** partner.

As an **I Matter** member partner, _____ (I) agree to an exclusive one-year agreement with Silver Cross Hospital. I agree to partner exclusively with Silver Cross Hospital and no other hospital or healthcare provider for a membership program. I agree to accept the **I Matter** card and offer unlimited discounts of at least 5% to **I Matter** members when they present their membership card. I agree to regularly distribute and display promotional materials for **I Matter** and other Silver Cross events. I agree to prominently post point of sale signage to make consumers aware that I am an **I Matter** partner.

As an **I Matter** partner, Silver Cross Hospital agrees to promote _____ (YOU) on **I Matter** program and materials, which includes but is not limited to the Silver Cross Hospital's Center for Women's Health website (IMatter.silvercross.org) and welcome kit. YOU will also be invited to participate in joint programming opportunities and other **I Matter** advertising opportunities (fees may apply).

The term of this agreement shall commence on the effective date and will automatically renew annually. A party to this agreement may terminate the agreement without cause thirty (30) days prior to written notice. Notwithstanding, Silver Cross Hospital retains the right in its sole discretion to discontinue the **I Matter** program at any time without liability to you.

Business Name _____	Silver Cross Hospital
Address _____	1900 Silver Cross Blvd.
City, State, Zip _____	New Lenox, IL 60451
Phone _____	(815) 300-1100
Email _____	
Representative _____	Representative _____
Title _____	Title _____
Effective Date _____	