

2018-2019 Corporate Sponsorship Program

SPONSORSHIP HALF YEAR ENROLLMENT FORM

Please enroll me as an HFMA Massachusetts-Rhode Island Chapter Corporate Sponsor at the following level:

- | | | | |
|--------------------------|----------|-----------------|-----------------------------|
| <input type="checkbox"/> | PLATINUM | SPONSORSHIP FEE | \$3,125/ \$6,250 |
| <input type="checkbox"/> | GOLD | SPONSORSHIP FEE | \$1,875/ \$3,750 |
| <input type="checkbox"/> | SILVER | SPONSORSHIP FEE | \$1,250/ \$2,500 |

- My check is enclosed in the amount of \$ _____
- Please bill me for the full amount.
- I will contact the office to arrange payment over the phone.

Signature _____ Date _____

Company (name as you wish it to appear) _____

Company Address _____

City _____ State _____ Zip _____

Sponsorship Contact _____

Telephone/Email _____

Important benefit contact information, please complete.

Corporate Profile & Ad Copy Contact _____

Telephone/Email _____

Website Logo & Link Contact _____

Telephone/Email _____

Accounts Payable Contact _____

Telephone/Email _____

ALL Sponsor Forms must be sent to:

Bill Wyman/Jerry Vitti
Co-Chairs
HFMA MA-RI Chapter Corporate Sponsorship
Fax: 781-647-7222
Email: admin@ma-ri-hfma.org

Please make check payable to:

HFMA, Massachusetts-Rhode Island Chapter
465 Waverley Oaks Road, Suite 421
Waltham, MA 02452
Phone: 781-647-4422