



2019-2020 Corporate Sponsorship Program Enrollment Form

Yes!

My company would like to enroll/renew our sponsorship with the Wyoming Chapter of HFMA for the 2019 - 2020 year (June 1 - May 31)

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Email: _____

Please select one of the following:

- Platinum Sponsorship \$1,500
- Gold Sponsorship \$1,200
- Silver Sponsorship \$1,000
- Bronze Sponsorship \$725
- Provider Sponsorship \$600
- Table Sponsorship \$500

Regarding Distribution of Provider Registration Coupons & Tax Deductions:

A primary benefit for sponsors in our chapter is the opportunity to work and network with Providers at Chapter events, to encourage expanded Provider participation in our program, and to attract more attendance. In order to be in compliance with hospital policies regarding acceptance of gifts, the provider registration coupons can only be used by providers and not members of your sponsoring organization. Also, you cannot assign to a specific provider due to compliance issues so they will be placed in a "Pool" for every meeting and recognition will be given to those Corporate Sponsors who had provider coupons available for that meeting. Important: Corporate Sponsor (non-provider) agrees to not claim these free registration coupons as a tax deduction, as it would violate HFMA National's 501C6 status.

Sponsor registrations can also be utilized as a provider registration only. Provider coupons must be utilized prior to the end of the sponsorship year.

Pool of Provider coupons usage:

First come first serve basis one per year unless we have unused coupons.
 For the second meeting, a priority list will be developed and drawn from.
 Must be a Wyoming HFMA paid member.
 Deposit of \$100 to be returned after attendance of meeting.

Payments should be made out to Wyoming HFMA. Please remit to:

Jerrie Root - WY HFMA Treasurer
 111 S 5th St
 Douglas, WY 82633