Becoming a sponsor of the CT HFMA is a great way to raise your company’s visibility. You will be partnering with one of the most respected Healthcare and Financial Associations in Connecticut whose members include Chief Executive Officers, Chief Financial Officers, Administrators, Reimbursement Specialists, Managed Care Professionals, Revenue Cycle Professionals, Accountants, IT Professionals and many more healthcare professionals.

What makes us so special? We give our sponsors a wealth of opportunities to be seen and heard in a number of different showcase platforms. We provide a wonderful atmosphere for sponsors to act as an educational resource, introduce valuable product information and direct key messages to a diverse audience of healthcare professionals.

The Sponsorship Program year is September 1, 2017 through August 31, 2018 and all benefits associated with sponsorship will be applicable only for that chapter year, irrespective of when the sponsorship is made.

**SPONSORSHIP LEVELS**

**DIAMOND SPONSOR ($5,000)**

All of the benefits of Platinum Sponsorship plus . . .

- One page profile, case study or white paper and recognition of sponsorship in one of the Chapter newsletters
- Three additional full-page (total of four) advertisements in the Chapter Newsletter
- Two additional registrants (total of three) with a Sponsorship Booth at the upcoming CT HFMA Annual Meeting
- Two golfers in the CT HFMA Golf Tournament
- Choice of hole or tee sponsorship at the CT Chapter annual golf tournament

**PLATINUM SPONSOR ($2,500)**

All of the benefit of the Gold Sponsorship plus . . .

- Sponsorship booth at the upcoming CT HFMA Annual Meeting (includes 1 paid registrant)
- One full-page advertisement in one newsletter published within the sponsorship year
- Two additional registrants (total of four) at a CT HFMA educational program or networking event* of the Sponsor’s choice during the program year.

**GOLD SPONSOR ($1,500)**

- One half-page advertisement in one newsletter published in the sponsorship year
- Listing of Sponsor’s name in all newsletters published in the sponsorship year (four newsletters annually)
- Listing of sponsor’s name on educational program announcements
- Two registrants at a CT Chapter educational program or networking event* of Sponsor’s choice during the program year

**ADDITIONAL SPONSORSHIP OPPORTUNITIES**

Costs can vary by event, please contact us for further details.

- Program Sponsorship of Educational Events
- Social Networking Sponsorship
- Meal/Refreshment Sponsor for Educational Events
- Golf Tournament Sponsorships
- CT HFMA Annual Meeting

* Sole sponsored
Thank you for your sponsorship. This will enable the association to continue to provide quality speakers, programs, communication tools as well as to provide additional educational opportunities.

Please complete the form below and submit it to the CT HFMA Office by September 1, 2017 so that logos and marketing materials will be placed on the website, newsletter and our logo sign which is displayed proudly at all our events.

**2017-2018 Corporate Sponsorship Registration Form (Registration is a Guarantee of Payment.)**

Yes, I would like to support the CT HFMA by becoming a Sponsor for the level indicated below:

- Diamond Sponsor - $5,000
- Platinum Sponsor - $2,500
- Gold Sponsor - $1,500

**Logo**

- Please use the same logo as published on the website and in the 2016-2017 editions of the newsletter, *CT Scanner*.
- A new logo will be forwarded to Lisa Stevens at the CT HFMA office no later than September 1, 2017.

**Newsletter Advertisement**

- Please use the same advertisement as published in the 2016-2017 editions of the newsletter, *CT Scanner*.
- A new ad will be forwarded to Lisa Stevens at the CT HFMA office no later than September 1, 2017.

**Name of Organization** (exactly as you wish it to appear in all printed materials—please print):

__________________________________________

Address: ______________________________________

City, State, Zip: _____________________________

Website: _________________________________

**Primary Business Contact:**

Name __________________________________ Title: ____________________________

Phone Number: ___________________ Fax Number: _________________________

E-Mail Address: ____________________________

**Make checks payable** to HFMA: CT Chapter and mail/fax with form to the address below. MC/VISA/AMEX are accepted.

Card Number: ____________________________ Exp. Date: ___________________

Name on Card (print): ___________________ Signature: ______________________

Thank you for your support!