



hfma™ texas chapters
healthcare financial management association

HFMA Texas State Corporate Sponsorship Application
June 1, 2016 – May 31, 2017
www.hfmatexas.org

Please return your application to:

Melissa Hale

1530 P B Lane #D1270,
Wichita Falls, TX 76302-2612
(813) 606-4215 xt106
melissa@demarsemeetings.com

June 1, 2016 to May 31, 2017 Corporate Sponsorship Program

Name of Organization:	Contact Name:
Address: _____ _____	
Phone Number: () _____ Fax Number: () _____	
Contact Email: _____	
<p>We would like to apply for the sponsorship level identified below and hereby agree to pay the Sponsorship fee within 30 days of the signature date. Sponsorship benefits and recognition begins upon receipt of payment.</p> <p>Signature of Authorized Representative: _____</p> <p>Date: _____</p>	

Step 1: Please select the chapter(s) you wish to sponsor:

- Texas State Sponsor
- Lone Star Sponsor
- Gulf Coast Sponsor
- South Texas Sponsor

Step 2: Please select the level of sponsorship:

- Gold
- Silver
- Bronze

Step 3: Cost for June 1, 2016 – May 31, 2017 Sponsorship

Texas State

- Gold - \$12,000
- Silver - \$7,000
- Bronze - \$3,000

Individual Chapter Sponsor

- Gold - \$5,000
- Silver - \$2,500
- Bronze - \$1,250

Step 4: Total Amount Due:

Cost for the June 1, 2016 – May 31, 2017 Sponsorship : \$ _____

- My organization prefer to pay the full balance now
- My organization would prefer to pay the balance due in two installments with 50% being due now and the balance of 50% due 6 months from time of application

Sponsor Payment

Upon receipt of your application, you will receive an electronic invoice from HFMA Texas State Chapter. You will have the opportunity to send your payment in via check or pay directly via credit card. As soon as payment is received, you will receive an e-mail from Melissa Hale with details on how to start utilizing your benefits. Please note that by signing this application, you are committing to be a Texas State Sponsor through May 2017 and your benefits will not begin until payment is received.

Sponsor Contact Information for Communication:

Contact for Sponsor/Exhibitor related communication: *(If different from Page 1)*

Name: _____

Phone: _____ Email: _____

Sponsor Contact Information for Publication:

Name of Organization: _____
(Include, if different than above. This company name will be displayed in the meeting brochures, chapter newsletters and recognition signs unless otherwise noted.)

Email Address for Sales Contact: _____
(This email address will be displayed as the contact in the meeting brochures and chapter newsletters unless otherwise noted.)

Web Address to be linked on the website: _____

Sponsor Responsibilities throughout the 2017 calendar year.

HFMA Texas State will do the utmost to make sure that our corporate sponsors are marketed and represented in the most professional manner. Sponsor hereby agrees that it is Sponsor's sole responsibility to notify the HFMA Texas State Administrator should said sponsor have a change of any kind as it pertains to company name, brand, personnel, logo, etc. What is supplied to HFMA Texas State upon submission of this application will be utilized in all publications, conferences etc. throughout the period referenced above unless notified otherwise in writing by said sponsor.

Signature of Authorized Representative: _____

Date: _____

**Please send your application along with your company logo (png or .jpg) to:
melissa@demarsemeetings.com**