

2024-2025 Corporate Sponsorship Program Enrollment Form

Yes!		Name:					
My company would like to enroll/renew our sponsorship		Title:					
		Organization:					
Cha	h the Wyoming pter of HFMA for 2024-2025 year	Address:					
(June 1 - May 31)		City:			State:	State:	
		Zip Code:			Phone:		
		Email:					
Please select one of the following:							
	Platinum Sponsorsh	nip	\$2,000		Table Sponsorship	\$500	
	Gold Sponsorship		\$1,600		Dinner/Networking Event Sponsorship *2 available at Spring Event	\$500	
	Silver Sponsorship		\$1,300		Lanyard Sponsorship	\$250	
	Bronze Sponsorship		\$1,000		*Company provides branded lanyards to be used at events for the sponsorship year. *This is only available to annual sponsors at any level.		
	Provider Sponsorship		\$600		Breakfast, Lunch or Dinner Sponsorship	\$100	

Regarding Distribution of Complimentary HFMA Membership & 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 complimentary HFMA membership 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 awarded by the Wyoming HFMA Chapter Board.

*4 available at Spring Event

Important: Corporate Sponsor (non-provider) agrees to not claim the complimentary HFMA membership as a tax deduction, as it would violate HFMA National's 501C6 status.

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

Attn: Kayla Gross
Banner Health
kayla.gross@bannerhealth.com
PO Box 214 Guernsey, Wyoming 82214

^{*}A processing fee will be assessed for any payments made by credit card