

Sponsoring Company

Company			
Address			
City	State/Province	ZIP/Postal Code	Country
Phone		Email Address	
Contact Person		Title	

Sponsorship Description	Amount
Total	

To secure your partnership with ASHRM, send your completed form to
 AStrombeck@smithbucklin.com. Questions: Call Amanda Strombeck at (312) 673-4844

Partner Acknowledgement

We, the undersigned company, do hereby agree application to participate as a Partner (the "Partner") of American Society for Healthcare Risk Management (ASHRM). We understand and agree that this entire document constitutes a contract (the "Contract") between the Partner and ASHRM. Cancellations must be submitted in writing. For cancellation before March 5th, Partner is liable for 50% of the contracted amount. After March 5th Partner is liable for 100% of the contracted amount.

/S/ _____
 Signature Date

Signature must come from Sponsoring Company. We do not accept signatures from third party organizations

Payment Information

Total Investment (in USD) \$_____ Payment Type Check Credit Card Information*

*payment instructions will be included in invoice

Check Payments: Make all checks payable to "ASHRM Academy."

Remit payment to: American Society for Healthcare Risk Management (ASHRM)
 75 Remittance Drive, Ste. 1272
 Chicago, IL 60675