

Contact Information

 Company

 Address

 City State/Province ZIP/Postal Code Country

 Phone Email Address

 Contact Person Title

Sponsorship Opportunity:

- | | | | |
|--|---------|--|---------|
| <input type="checkbox"/> NEW! Snack Break | \$6,000 | <input type="checkbox"/> Morning Exercise Sessions | \$2,500 |
| <input type="checkbox"/> Custom Evening Reception(s) | | ___Morning Walk (3 Available) | |
| <input type="checkbox"/> Educational Session (4 Available) | \$5,500 | ___Morning Yoga (2 Available) | |
| <input type="checkbox"/> NEW! Welcome Amenity Bag (Exclusive) | \$5,000 | | |
| <input type="checkbox"/> Conference Lanyard (Exclusive) | \$4,000 | <input type="checkbox"/> NEW! Infused Water Break (3 Available) | \$2,500 |
| <input type="checkbox"/> Hotel Key Card (Exclusive) | \$4,000 | <input type="checkbox"/> Email Blast (4 Available) | \$2,000 |
| <input type="checkbox"/> Attendee Bag (Exclusive) | \$4,000 | <input type="checkbox"/> Ad on Academy Event Page | |
| <input type="checkbox"/> NEW! Coffee Cart (2 Available) | \$3,500 | (Tower Ad) | \$1,500 |
| <input type="checkbox"/> Conference Notepad/Pen (Exclusive) | \$3,000 | <input type="checkbox"/> Chair Drop (3 Available) | \$1,500 |
| | | <input type="checkbox"/> Customized Sponsorship Opportunities Available | |

To secure your partnership with ASHRM, send your completed form to krking@smithbucklin.com or fax to 312-673-6577. Questions: Call Kris King at 312-673-5505

Partner Acknowledgement

We, the undersigned company, do hereby make 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 1, Partner is liable for 25% of the partnership investment. No refunds after March 1, 2016.

 Signature Date

Payment Information

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

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