

### Sponsoring Company

Company

Address

City

State/Province

ZIP/Postal Code

Country

Phone

Email Address

Contact Person

Title

Sponsorship Description	Amount
	Total

To secure your sponsorship with ASHRM, send your completed form to NSchuette@smithbucklin.com. Questions: Call Nick Schuette at (312) 673-4974

### Sponsorship Acknowledgement

We, the undersigned company, do hereby agree application to participate as a Sponsor (the "Sponsor") of American Society for Health Care Risk Management (ASHRM). We understand and agree that this entire document constitutes a contract (the "Contract") between the Sponsor and ASHRM. Cancellations must be submitted in writing. For cancellation before February 28, 2023, Sponsor is liable for 50% of the contracted amount. After February 28, 2023, Sponsor 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 Health Care Risk Management (ASHRM)  
75 Remittance Drive, Ste. 1272  
Chicago, IL 60675