



## 2023-2024 Corporate Sponsorship Program Enrollment Form

# Yes!

My company would like to enroll/renew our sponsorship with the Wyoming Chapter of HFMA for the 2023-2024 year (June 1 - May 31)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please select one of the following:

- Platinum Sponsorship \$2,000
- Gold Sponsorship \$1,600
- Silver Sponsorship \$1,300
- Bronze Sponsorship \$1,000
- Provider Sponsorship \$600
- Table Sponsorship \$500

**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.

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