hfma
connecticut chapter

# 2025—2026 SPONSORSHIP OPPORTUNITIES

The Connecticut Chapter of the Healthcare Financial Management Association (CT HFMA) sponsorship program caters to the needs of its sponsors by providing key visibility, quality educational events & outstanding networking opportunities.

Becoming a sponsor of CT HFMA is a great way to raise your company's visibility. You will be partnering with one of the most respected healthcare and financial associations in Connecticut whose members include Chief Executive Officers, Chief Financial Officers, Administrators, Reimbursement Specialists, Managed Care Professionals, Revenue Cycle Professionals, Accountants, IT Professionals and many more healthcare professionals.

What makes us so special? We give our sponsors a wealth of opportunities to be seen and heard in a number of different showcase platforms. We provide a wonderful atmosphere for sponsors to act as an educational resource, introduce valuable product information and direct key messages to a diverse audience of healthcare professionals.

***SPONSORSHIP LEVELS—Save up to 20%***

***Submit your commitment and payment before May 15, 2025 and receive a 10% discount.***

***An additional 10% discount is offered if you increase your sponsorship level.***

***These offers can be combined or used separately.***

**The Sponsorship Program year is <u>June 1, 2025 through May 31, 2026.</u>**

## DIAMOND SPONSOR $5,500

**All** of the benefits of Platinum Sponsorship **plus . . .**

- Recognition and link to your company on our website: Home Page Top Banner Ad Placement
- Recognition on our social media channels (Four times per year)
- Two complimentary registrations each to both of our full day educational events
- Two complimentary golfers along with tee sponsorship at the 2026 CT HFMA Golf Tournament ($1,000 value)
- 20% discount on any educational or networking specific sponsorship

## PLATINUM SPONSOR $3,000

**All** of the benefit of the Gold Sponsorship **plus . . .**

- Recognition and link to your company on our website: Home Page Bottom Banner Ad Placement
- Recognition on our social media channels (Two times per year)
- Ability to offer a 1 hour webinar for our corporate sponsorship webinar series (to be approved by CT HFMA)
- Ability to publish a white paper on our website's educational content page

## PLATINUM SPONSOR (contd)

- One complimentary registration to both of our full day educational events
- 10% discount on any educational or networking event specific sponsorships

## GOLD SPONSOR $2,000

- Recognition and link to your company on our website: Inner Page Placement
- Listing of Sponsor's name in all CT HFMA communications and announcements
- Recognition at all educational and networking events
- One complimentary registration to one of our full day education events
- One complimentary registration to a networking event
- Recognition on social media channels

***Complimentary registrations cannot be used for events co-sponsored with another group***

**HFMA: CT Chapter | PO Box 1381 | Glastonbury, CT 06033**
**info@cthfma.org | (860) 710.8197 P | www.cthfma.org**

# 2025 -2026 SPONSORSHIP OPPORTUNITIES

Thank you for your sponsorship. This will enable the association to continue to provide quality speakers, programs, communication tools as well as to provide additional educational opportunities.

Please complete the form below and submit it to the CT HFMA Office as soon as possible but no later than **Friday, May 30, 2025** so that logos and marketing materials will be placed on the website, social media and the CT HFMA logo sign which is displayed proudly at all our events including our new Chapter Resource Guide!

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**2025—2026 Corporate Sponsorship Registration Form**
***(Registration is a Guarantee of Payment.)***

*Yes, I would like to support the CT HFMA by becoming a Sponsor for the level indicated below:*

❑ **Diamond Sponsor** - $5,500 ❑ **Platinum Sponsor** - $3,000 ❑ **Gold Sponsor** - $2,000

**June 1, 2025—May 31, 2026**

**Name of Organization** ***(exactly*** *as you wish it to appear in all printed materials—please print):*

_____

Address: _____

City, State, Zip: _____

Website: _____

**Primary Business Contact**:

Name _____ Title: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

**Make checks payable** to HFMA: CT Chapter and mail/fax with form to the address below.
MC/VISA/AMEX are accepted.

Card Number: _____ Exp. Date: _____

CV Code: (on back):_____

Name on Card (print): _____ Signature: _____

Address:_____