



2026-2027 Sponsorship Program Enrollment Form

YES!

My company would like to enroll/renew our sponsorship with the Wyoming Chapter of HFMA for the 2026-2027 year (June 1 - May 31)

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Email: _____

Please select one of the following:

| | | | |
|---|---------|---|-------|
| <input type="checkbox"/> Platinum Sponsorship | \$2,200 | <input type="checkbox"/> Table Sponsorship | \$500 |
| <input type="checkbox"/> Gold Sponsorship | \$1,600 | <input type="checkbox"/> Dinner/Networking Event Sponsorship | \$500 |
| <input type="checkbox"/> Silver Sponsorship | \$1,300 | <input type="checkbox"/> Lanyard Sponsorship | \$250 |
| <input type="checkbox"/> Bronze Sponsorship | \$1,000 | <small>*Company provides branded lanyards to be used at events for the sponsorship year. *This is only available to annual sponsors at any level.</small> | |
| <input type="checkbox"/> Provider Sponsorship | \$600 | <input type="checkbox"/> Breakfast or Lunch Sponsorship | \$100 |
| | | <small>*3 available at each conference</small> | |

*A processing fee will be assessed for any payments made by credit card

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 Copsey
Banner Health
kayla.copsey@bannerhealth.com
PO Box 214 Guernsey, Wyoming 82214