

2026-2027 Corporate Sponsorship Program

SPONSORSHIP ENROLLMENT FORM

Please enroll me as an HFMA Massachusetts-Rhode Island Chapter Corporate Sponsor at the following level:

- | | | | |
|--------------------------|--------------|-----------------|-------------------|
| <input type="checkbox"/> | DIAMOND CLUB | SPONSORSHIP FEE | \$5,250* |
| <input type="checkbox"/> | PLATINUM | SPONSORSHIP FEE | \$6,350/\$5,715** |
| <input type="checkbox"/> | GOLD | SPONSORSHIP FEE | \$3,850/\$3,465** |
| <input type="checkbox"/> | SILVER | SPONSORSHIP FEE | \$2,750/\$2,475** |

*Must be a platinum sponsor for 5 years in a row to be eligible for Diamond Club (no additional discounts apply)

**10% Early-Bird Discount - if application and payment are received by July 15, 2026

- Provider Scholarship** - I would like to donate 50% of my event vouchers to a Providers Fund (includes special recognition as well as recognition at events by the Chapter President).
- My check is enclosed in the amount of \$ _____ for the 10% Early-Bird Discount (received **by** July 15 2026)
- My check is enclosed in the amount of \$ _____ (received **after** July 15, 2026, or Diamond Club)
- Please bill me for the full amount on September 2, 2026
- Please bill me in installments on Sept. 2, 2026; Nov. 1, 2026; Jan. 2, 2027; Mar. 1, 2027

Signature _____ Date _____

Company(name as you wish it to appear) _____

Company Address _____

City _____ State _____ Zip _____

Sponsorship Contact _____

Telephone/Email _____

Important benefit contact information, please complete.

Corporate Profile, Ad Copy, & Marketing Material Contact _____

Telephone/Email _____

Accounts Payable Contact _____

Telephone/Email _____

ALL Sponsor Forms must be sent to:

Chris Abate/ Patrick McDonough/ Jake Rahn
Co-Chairs
HFMA MA-RI Chapter Corporate Sponsorship
Email: admin@ma-ri-hfma.org

Please make check payable to:

HFMA, Massachusetts-Rhode Island Chapter
60 Hickory Drive, Suite 6100
Waltham, MA 02451
Phone: 781-647-4422