



hfma[™]

healthcare financial management association

Wisconsin Chapter, Healthcare Financial Management Association

2008-2009 Sponsorship Program
June 1, 2008 – May 31, 2009

Our sponsorship program is designed to attract vendor financial support for Wisconsin HFMA activities by giving sponsors heightened visibility to our membership. Financial support will aid in continuation of top quality educational programs, and will help to keep registration fees to a minimum.

The sponsorship program ensures sponsors can participate at a variety of levels and receive value for their support and involvement in Wisconsin HFMA activities.

HFMA offers three Chapter Programs each year (September, January and May) except in a year when there is a Mega Conference. In the year of a Mega Conference, HFMA offers two Chapter Programs (September and May) instead of three. The next Mega Conference is scheduled for January 2010.

PLATINUM

Sponsorship Fee - \$5,000

LIMIT OF SIX PLATINUM SPONSORS

- Wisconsin HFMA web page listing with your company's logo/description and a link to your company's web site.
- A full-page black and white ad in the Chapter Directory and a listing in the Chapter Resource Directory (distributed to approximately 660 healthcare professionals).
- Sponsor Spotlight article in the Chapter newsletter describing your company.
- Invitation to interact with the Wisconsin HFMA Board at the Winter Meeting.
- Program sponsor for one Chapter program (shared with one or two other Platinum sponsors).
- Signage and/or booth at all Chapter programs.
- Verbal and written recognition at all Chapter programs.
- Preferred status on the Underwriting with Recognition Program opportunities with a paid sponsorship by June 1, 2008.
- Six complimentary program registrations that expire May 31, 2010.
- Two additional Chapter directories. (additional-subject to availability).
- 8 X 10 appreciation plaque.
- First right of renewal until June 1, 2008.

GOLD

Sponsorship Fee - \$3,500

- Wisconsin HFMA web page listing with your company's logo/description and a link to your company's web site.
- A half-page black and white ad in the Chapter directory and a listing in the Chapter Resource Directory (distributed to approximately 660 healthcare professionals).
- Sponsor Spotlight article in the Chapter newsletter describing your company.
- Signage and/or booth at Annual (May) Chapter program.
- Verbal and written recognition at all Chapter programs.
- Preferred status on Underwriting with Recognition Program opportunities (after Platinum).
- Four complimentary program registrations that expire May 31, 2010.
- Two additional Chapter directories (Upon request-subject to availability)
- 5 X 7 appreciation plaque.

SILVER

Sponsorship Fee - \$2,000

- Wisconsin HFMA web page listing with a link to your company's web site.
- A third-page black and white ad in the Chapter directory and a listing in the Chapter Resource directory (distributed to approximately 660 healthcare professionals).
- Written recognition at all Chapter programs
- Preferred status on Underwriting with Recognition Program opportunities (after Platinum and Gold)
- Two complimentary certificates to apply to any Chapter Program that expire May 31, 2010.
- Two additional Chapter directories (Upon request-subject to availability).
- Appreciation Certificate.

BRONZE

Sponsorship Fee - \$1,000

- Listing in the Chapter directory and Chapter Resource directory (distributed to approximately 660 healthcare professionals).
- Wisconsin HFMA web page listing.
- Written recognition at all Chapter programs
- Preferred status on Underwriting with Recognition Program opportunities (after Platinum, Gold and Silver)
- One complimentary certificate to apply to any Chapter Program that expires May 31, 2010.
- Two additional Chapter directories (Upon request-subject to availability).
- Appreciation Certificate.

Thank you for considering participation in the Wisconsin Chapter HFMA Sponsorship Program. If you need additional information about the Sponsorship Program, please contact a Sponsorship Committee Co-Chairperson:

Jim Brick at (262) 542-6508 or Mark Herder at (414) 359-3166

Please complete the sponsorship enrollment form below, and mail together with your check to:

Jim Brick
P.O. Box 589
Waukesha, WI 53187

Make checks payable to HFMA – Wisconsin Chapter

CORPORATE SPONSORSHIP ENROLLMENT FORM

- PLATINUM - \$5,000 SILVER - \$2,000
 GOLD - \$3,500 BRONZE - \$1,000

My check is enclosed in the amount of \$ _____

Signature: _____ Date: _____

Company: _____

Address: _____

City, State, Zip: _____

Company Web-Site: _____

Primary Contact Name: _____ Title: _____

(PLEASE PRINT)

Telephone: _____ Fax: _____

E-mail: _____

Secondary Contact is for the purpose of ensuring that you receive all you sponsorship benefits and should be a marketing person from your organization.

Secondary Contact Name: _____ Title: _____

(PLEASE PRINT)

Telephone: _____ Fax: _____

E-mail: _____

THANK YOU!

CHAPTER RESOURCE DIRECTORY

HFMA BENEFIT FOR PLATINUM, GOLD AND SILVER SPONSORS

As a HFMA Sponsor Benefit, the Wisconsin Directory also includes a **Resource Directory**. Here, Platinum, Gold and Silver sponsors will be listed exclusively for our Wisconsin members.

The Board of Directors recognizes and greatly appreciates the value, expertise and support of our sponsor/business associate members and strongly encourages our provider members to consider utilizing their products and services before using similar services of companies outside our membership.

Please complete the information requested as it will appear in the Resource Directory.

Please check the **Level** of your organization's HFMA sponsorship:

- Platinum
- Gold
- Silver
- Bronze

Please check the **Category** of your organization's type of service:

- Accounting Services
- Auditing Services
- Benchmark Data Services
- Collection and AR Recovery Services
- Consulting Services
- EDI Products/Services
- Education/Training
- Facilities Design and Construction
- Financial Services
- Insurance Products/Services
- Investment Banking
- Legal Services
- Patient Record Products/Services
- Reimbursement Services
- Other Services _____

Sponsor Organization Full Name:

(Please print)

Please use the information as it appeared in the 2007-2008 Chapter Resource Directory:

Yes _____

If no, please continue with this form

Street Address _____

City _____ State _____ ZIP _____

Phone (_____) _____

Fax (_____) _____

Email: _____

Authorized Contact _____

Web Address _____

Please provide a summary description of the services/product offerings of your organization in fifty words or less as it will appear in the HFMA Resource Directory.

(Please print)

Thank you!