

2019 CHAHRM BUSINESS PARTNER SPONSORSHIP REGISTRATION FORM

Dear CHAHRM Business Partner,

Maximize your conference experience by connecting with CHAHRM members and sponsor one of our conference events. Each sponsorship offers unique visibility and benefits that are the perfect complement to your business objectives.

All Sponsorships Include:

- Recognition in conference materials, CHAHRM conference website and throughout the conference areas
- Sponsor ribbons for all booth staff
- Photo opportunity with CHAHRM leadership
- First right of renewal for 2020 sponsorships

Sponsorship Benefit Details:

	Platinum	Gold	Silver
Ten minute speaking opportunity	X		
Five to seven minute speaking opportunity		X	
Three to five minute speaking opportunity			X
Company logo throughout the conference areas	X	X	X
Company logo in the Onsite Program and Conference website	X	X	X
Company photo with CHAHRM leadership	X	X	X
Company logo on PowerPoint presentations in general sessions	X	X	X
Opportunity to distribute company flyer to event attendees	X		
One (1) Learning Session to present educational content*	X		
One (1) Pre-conference Attendee List and One (1) Post-Conference Attendee List	X		

See the sponsorship options for the specific events that allow an opportunity to speak.

*Platinum Sponsorship must be secured 45 days prior to the conference to take advantage of this benefit.

For more information on sponsorship opportunities, please contact
Michelle.Pollart@prowersmedical.com, 719-336-7119

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To confirm your sponsorship, complete and return the form to the address below

Company Name (Exactly as you want it to appear in print)	
Company Contact	
Title of Contact	
Mailing Address	
Email Address	
Authorized By (Signature)	
Date	
Referred By	

Sign me up as (check all that apply):

- Spring Conference, Manitou Springs, CO**
- Platinum Sponsor (\$3,000) 1 Available
 - Gold Sponsor (\$1,250) 4 Available
 - Silver Sponsor (\$750) 2 Available
- Fall Conference,**
- Platinum Sponsor (\$3,000) 1 Available
 - Gold Sponsor (\$1,250) 4 Available
 - Silver Sponsor (\$750) 2 Available

Total: _____

CHAHRM's taxpayer ID number is 84-1474539.

Step 1: Submit completed form By Email to Michelle.Pollart@prowersmedical.com

Step 2: Pay Invoice. We will generate an invoice upon receipt of this completed form. Payment instructions will be included on the invoice. We accept payment via check and credit card. Please do not e-mail your credit card information.

Terms and Conditions

1. All invoices should be paid no later than 30 days after receiving invoice from CHAHRM.
2. The sponsor is responsible for providing CHAHRM with an updated logo and to notify CHAHRM if the logo is revised.

Send check made payable to CHAHRM to: Michelle Pollart, Prowers Medical Center, 401 Kendall Dr. Lamar, Co 81052

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