

2011-2012 Central and North Florida HIMSS Sponsorship Categories

We offer one-time Event Sponsorships and Annual Sponsorships. Annual Sponsorships are in effect for a 12-month period or may be prorated for a portion of a year upon request.

Benefits	Event \$600	Associate \$1,000	Premier \$1,500	Elite \$2,500	Presidential \$5,000
Sponsor level recognition at chapter events and event brochure	Selected event	■	■	■	■
Exhibit space at chapter events*	Selected event	■	■	■	■
Total complementary registrations to chapter events	1 Selected event	2	3	4	8
Option to provide door prize for chapter event(s)	Selected event	■	■	■	■
Provide listing of chapter event attendees (upon request)	Selected event	■	■	■	■
Sponsor level recognition on Chapter website	Selected event	■	■	■	■
Option to host a hospitality suite or Annual Conference (With President's approval)	Selected event	■	■	■	■
Opportunity to introduce speakers at events		■	■	■	■
Sponsor level recognition: In each issue of the Chapter newsletter		■	■	■	■
Opportunity to post links to white papers on chapter website		■	■	■	■
Opportunity for Chapter Webinar Presentation (with Board approval)			Maximum of 1	Maximum of 2	Maximum of 3
Quarter page ad in every newsletter				■	■
Chapter memberships				2	4
Opportunity to participate in State HIT Advocacy Day event in Tallahassee					■

* Sponsors are invited to attend chapter events. A table is provided for displaying and distributing company materials. Event attendees are encouraged to visit sponsors and sponsor tables are located strategically to ensure interaction with attendees.

Applications are considered binding only after both the application and payment are received.

Please type or print _____ Date: _____

Company name: _____

Contact person: _____ Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Authorized Signature: _____ Print Name: _____

Please check desired sponsorship level. Note that all annual sponsorships remain in effect for 12 months from the date your payment is received:

- | | | |
|--------------------------|--------------|-----------------------------------|
| <input type="checkbox"/> | Presidential | \$5,000 Sponsorship Fee |
| <input type="checkbox"/> | Elite | \$2,500 Sponsorship Fee |
| <input type="checkbox"/> | Premier | \$1,500 Sponsorship Fee |
| <input type="checkbox"/> | Associate | \$1,000 Sponsorship Fee |
| <input type="checkbox"/> | Event | \$500 Special Event Sponsor Fee |
| <input type="checkbox"/> | Other | Specify Type and \$ Amount: _____ |

Please provide a company logo (JPG or GIF format) for marketing materials and enter 100 word maximum company description below or attach it to this application:

Please send the completed and signed application, along with payment, to CNFHIMSS Chapter at the address listed below. Visa, MasterCard, Discover, American Express and PayPal are also accepted. Our Treasurer can provide an invoice and copy of our federal W-9 for your tax records upon request.

Susan Pouzar, Treasurer
Central/ and North Florida HIMSS Chapter
P.O. Box 4288
Enterprise, FL 32725