

Sponsorship Form

COMPANY: _____
NAME: _____ TITLE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____ E-MAIL: _____
WEBSITE: www. _____ .com

CONTACT PERSON:

NAME: _____ EMAIL ADDRESS: _____
PHONE NUMBER: _____

SPONSORSHIP LEVELS:

- SILVER - \$500**
- Logo placement in conference materials
 - Mention of company during breaks
 - Pre-conference e-blast to members introducing group of sponsors; including link to their site
- GOLD - \$1,000**
- Logo and 1/4 page ad in conference materials
 - Logo placement on HMMC website
 - Link on HMMC Website
 - Mention of company during breaks
 - Pre-conference e-blast to members introducing group of sponsors; including link to their site
- PLATINUM - \$2,500**
- Access to attendance list
 - Logo and 1/2 page ad in conference materials
 - Logo placement on HMMC website
 - Link on HMMC Website
 - Pre-conference e-blast to members introducing group of sponsors; including link to their site
 - Exhibit at breakfast, lunch and breaks
 - Introduction during opening remarks of first morning session allowing 1-2 minutes to define their business
 - Conference hotel room drop
 - Post-conference e-blast to members
 - NON-MEMBER Platinum Sponsors may participate in educational sessions, networking event & meals with payment of guest conference fee of \$1,050.
(The exception is for GPO's, IDN's & Distributors who may not attend educational sessions)

HMMC MEMBERS RECEIVE A \$100 DISCOUNT TO ANY LEVEL OF SPONSORSHIP

PAYMENT INFORMATION:

CHECK OR MONEY ORDER ENCLOSED (PAYABLE TO HMMC)

HOW DID YOU LEARN OF HMMC'S SPONSORSHIP PROGRAM?

CHARGE MY CREDIT CARD

NAME ON CARD: _____

CARD #: _____

EXPIRATION: _____ SECURITY CODE: _____

ZIP CODE: _____

PLEASE FORWARD YOUR COMPLETED FORM TO:

Madeline Sandy • HMMC Executive Administrator
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Fax • 912-691-2110
hmmc@hmmc.com



Healthcare Manufacturers Management Council