
SPONSORSHIP APPLICATION

Application Date: _____

Sponsor Name: _____

Address: _____

Contact Person: _____ Title: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Sponsorship Level Requested:

PLEASE CIRCLE ONE

Platinum	\$ 6,500
Gold	\$ 4,000
Silver	\$ 2,750
Bronze	\$ 1,500
Web page link	\$ 200

*Other Sponsorship (please specify) _____

Please make check payable to First Illinois Chapter HFMA
Send completed application form and check to:

Julie Haluska
HFMA First Illinois Sponsorship Chairperson
1000 West Washington Blvd #202
Chicago, IL 60607
Telephone: (847) 800-2613
email: jhaluska@sbcglobal.net