



## *Health Management Association*

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### **Corporate Sponsorship Opportunity**

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- Platinum \$5,000
  - Gold \$3,000
  - Silver \$2,000
  - Bronze \$1,000
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#### **SPONSORSHIP REGISTRATION AND PAYMENT INFORMATION**

COMPANY NAME \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

CONTACT PHONE \_\_\_\_\_ AMOUNT \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

CC # \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

BILLING ZIP CODE \_\_\_\_\_ CSV# \_\_\_\_\_ EXP. DATE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

**Questions - Please contact HMA at: [hmafortmyers@hmaswfl.com](mailto:hmafortmyers@hmaswfl.com)  
Mail form and payment to: HMA - P.O. Box 60926 Ft. Myers, FL 33906**