



Sponsorship Application

Yes! We would like to be a 2007-2008 sponsor for the Northeastern PA Chapter

Sponsorship Level:

Platinum **\$3,000**

Gold **\$2,500**

Silver **\$1,500**

Bronze **\$750**

Name of Organization: (As you wish to have it shown in all publications)

Address of Organization	
City, State, Zip	
Web Address	
Primary Contact Name	
Title	
Phone	
Email	
Fax	

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Please check one:

- Payment Enclosed (Please make checks payable to HFMA NEPA)
- Please bill me for sponsorship fee
P.O. # _____

Send completed application to:

**NE PA Chapter HFMA
C/O Frederick A. Jackson
Executive Director
Wayne Memorial Community Health Centers
601 Park Ave.
Honesdale, PA 18431-1445
Phone: 570.253.8450
Fax: 570.253.8425
Email: jacksonf@wmh.org**

Once your sponsorship check is received, meeting and golf tournament passes will be forwarded to the contact person listed in your application. You will also be contacted with the Chapter education schedule in order to pick dates for display tables at education sessions.

Please forward a company logo, JPG or other format to Mr. Jackson's email along with a company profile for publication in the Chapter newsletter.