

# CHIMA Corporate Sponsorship Application

Corporation Name: \_\_\_\_\_

Chief Corporate Officer Name (First, M.I., Last, Credentials): \_\_\_\_\_

Corporate Representative Name (First, M.I., Last, Credentials): \_\_\_\_\_

Corporation mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP + 4: \_\_\_\_\_

Corporation Phone Number: \_\_\_\_\_ Corporation Fax Number: \_\_\_\_\_

Corporation Web Site: \_\_\_\_\_ Corporation Representative E-Mail: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Please indicate level of sponsorship you are interested in: Gold \_\_\_\_\_ Silver \_\_\_\_\_ Bronze \_\_\_\_\_  
\$1000 \$600 \$300

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**In the name of the above Corporation we hereby apply for Corporate sponsorship in the Colorado Health Information Management Association.**

Signature of the Chief Corporate Officer:

\_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Corporate Representative: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

**Payment Method:**

Check (Payable to CHIMA)  Credit Card

CHIMA Tax ID # : 51-0195498

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Amount to be Charged to the Card: \$ \_\_\_\_\_

Credit Card Statement Address (including zip code): \_\_\_\_\_

Signature of Authorized Card Holder: \_\_\_\_\_

**Note: Payments must be received by January 1<sup>st</sup>.**

Send Payment to:

Attn: Ann Nowlin, CHIMA, 301 S Estates, Salina, KS 67401.

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**(For Office Use Only)**

Receipt Date: \_\_\_\_\_

Effective dates of Sponsorship: \_\_\_\_\_

Paid with Check/CC #: \_\_\_\_\_