

CHPRMS
2018 Fall Conference – Francis Marion Hotel
December 5-7, 2018
Sponsorship Commitment Form

Company: _____

Sponsorship Level: _____

Logo Email Logo in eps format along with this form (if you are new or it is different)

Address: _____

City: _____

State: _____ Zip : _____

Telephone #: _____

Web site address: _____

Person(s) attending
Conference: _____

E-mail Address: _____

Phone Number: _____

Contact person for
Conference arrangements: _____

E-mail Address: _____

Phone Number: _____

*Please note that there are no booths or displays at the conference with the new format.

Upon the return of this signed contract, all agreements are binding and not eligible for cancellation. Parties will be billed for the sponsorship level agreed upon in the contract and held responsible for all payments associated.

I have read and agree to all of the information as outlined above.

Enclosed is my payment: _____ Please invoice me: _____

Signature: _____ Date: _____

Please sign this form and return to Cynthia Newton, HCCG, PO Box 5084, Mooresville, NC 28117 or email to Cynthia Newton at cynthia@hccg-inc.com

Upon submission of this form you will receive an invoice via email.

Questions? Contact Cynthia Newton at 319-573-9968 or cynthia.newton@connectcorp.com