



CTHIMA 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(\$1000) _____ Silver(\$600) _____ Bronze(\$300) _____

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

Signature of the Chief Corporate Officer: _____

Date: _____ Title: _____

Signature of Corporate Representative: _____

Date: _____ Title: _____

Payment Method:

Check (Payment can be sent to: CTHIMA, P.O.Box 571, Colchester, CT 06415)

Credit Card (please provide e-mail address for PayPal request to be sent)

CTHIMA Tax ID # 060955054

(For Office Use Only)

Payment Received on: _____ Effective dates of Sponsorship: _____